

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 SEP 25 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/03/02--01017--005
****308.75 ****308.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S52292

1. Corporation Name
TROPIC TRANSIT, INC.

2. Principal Office Address
2426 Springhill Rd.

3. Mailing Office Address
2426 Springhill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, Fl.

City & State
Tallahassee, Fl.

Zip Country
32305 Leon

Zip Country
32305 Leon

4. Date Incorporated or Qualified
To Do Business in Florida 5/14/1991

5. FEI Number 59-3065920
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Carol M. Corbett

Street Address (P.O. Box Number is Not Acceptable)
166 Corbett Lane

Suite, Apt. #, Etc.

City Crawfordville

State Zip Code
FL 32327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Carol M. Corbett
Carol M. Corbett REGISTERED AGENT MUST SIGN

Date 9/25/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Carol M. Corbett	166 Corbett Lane	Crawfordville, Fl. 32327
VP	Kimberly C. Nabors	8054 Matanzas Rd.	Ft. Myers, Fl. 33912
S	William H. Corbett	166 Corbett Lane	Crawfordville, Fl. 32327

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Carol M. Corbett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carol M. Corbett

9/25/02 850-933-7815
Date Daytime Phone #

CR2E081 (9/01)



954 West Brevard St. Tallahassee, Florida 32304 (904) 222-3375 • Fax (904) 222-3655

September 25, 2002

TO WHOM IT MAY CONCERN:

Please be advised that Tropic did not receive the ²⁰⁰²2001 Annual Report. Therefore, we respectfully request that the late fees be waived for reinstatement.

Thank you.

Sincerely,

Carol M. Corbett

Carol M. Corbett
President

RECEIVED
02 SEP 25 PM 3:50
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA