

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 SEP 25 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** S52292

**1. Corporation Name**

TROPIC TRANSIT, INC.

200008170392--6  
-10/03/02--01017--005  
\*\*\*\*308.75 \*\*\*\*308.75

**2. Principal Office Address**

2426 Springhill Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, Fl.

Zip

32305

Country

Leon

**3. Mailing Office Address**

2426 Springhill Rd

Suite, Apt. #, etc.

City & State

Tallahassee, Fl.

Zip

32305

Country

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  
**FL**

Zip Code

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*

9/25/02

Date

Carol M. Corbett REGISTERED AGENT MUST SIGN

**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

Date

850-933-7815

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 <sup>2002</sup>2001 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 CONSTITUTIONS  
TALLAHASSEE, FLORIDA