

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S78178**

1. Corporation Name

**F.R. TUPPER CORP.**

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~8357 WEST FLAGLER STREET~~

~~8357 WEST FLAGLER ST~~

~~SUITE # 307~~

~~SUITE # 307~~

~~MIAMI, FLORIDA 33144~~ Country **DADE**

~~MIAMI, FLORIDA 33144~~ Country **DADE**

FILED  
 97 AUG -1; AM 8: 29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT 96-97**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

65-0286117

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPVST	FERNANDO RODRIGUEZ TUPPER	155 Ocean Lane Dr. #705	Key Biscayne, FL 33149

500002262305-7  
 -08/08/97--01131--007  
 \*\*\*\*\*923.75 \*\*\*\*\*823.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Vielka Cedeno**  
 Street Address (P.O. Box Number is Not Acceptable) **1163 N.W. 7 street**  
 Suite, Apt. # **Suite # 102**  
 City **Miami** State **FL** Zip Code **33172**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Vielka Cedeno*  
 REGISTERED AGENT MUST SIGN

Date **5/23/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/31 97**  
 Daytime Phone #

CR2E040 (12/96)