

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1997 NOV 14 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39459

1. Corporation Name

TROPIC TINT OF JUPITER, INC.

Principal Place of Business

114 W. INDIANTOWN RD.
JUPITER FL 33458
US

Mailing Address

317 S FEDERAL HWY
STUART FL 34994
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1992

5. FEI Number

65-0346574

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	SCHULTZ, GORDON O.	114 W. INDIANTOWN RD. 317 S. Federal Hwy	JUPITER FL STUART FL 34994
DST	SCHULTZ, JOANNE N.	114 W. INDIANTOWN RD. 317 S. Federal Hwy	JUPITER FL STUART FL 34994
			1000002349941-0 -11/18/97-01018-006 ****750.00 ****750.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

SCHULTZ, GORDON O.
114 W. INDIANTOWN RD.
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name
Joanne Schultz
Street Address (P.O. Box Number is Not Acceptable)
317 S. Federal Hwy
Suite, Apt. #, Etc.

City
STUART

State
FL

Zip Code
34994

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 *Joanne Schultz*
REGISTERED AGENT MUST SIGN

Date *Nov 6 1997*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Joanne Schultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 28 1997
Date

Daytime Phone #