P06000092471

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000092471

1. Corporation Name

TROPEZON MC CORP

400365748674
05/06/21--01013--027 **1950.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
12590 NE 16 AVE		12590 NE 16 AVE	
Suite, Apt. #, etc		Suite, Apt. #, etc	
# 611		#611	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33161	UNITED STATES	33161	UNITED STATES

4. Date Incorporated or Qualified To Do Business in Florida: 07/12/2006

5. FEI Number: 20-5314981 ☐ 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: CARLOS SOLOGUREN

Street Address (P.O. Box Number is Not Acceptable): 12590 NE 16 AVE

Suite, Apt. #, Etc: #611

City	State	Zip Code
MIAMI	FL	33161

R. WHITE
JUN 22 2021

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: Carlos Sologuren — Date: 05/01/2021

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
D	CARLOS SOLOGUREN	12590 NE 16 AVE # 611	MIAMI, FL 33161

10. **E-mail Address:** DUDLEI@SOLASITRADE.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Carlos Sologuren — 05/01/2021 — 786-499-2713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #