

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

97 OCT 30 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 15395 (9)

1. Corporation Name

Tropical Creations, Inc.

Principal Place of Business

Mailing Address

9720 SW 124th Court
Miami, FL 33186

9720 SW 124th Court
Miami, FL 33186

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

4. Date Incorporated or Qualified
To Do Business in Florida

2/20/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0312765

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	Yuda Oziel	9720 SW 124 Court	Miami, FL 33186
SD	Eva R Oziel	9720 SW 124 Court	Miami, FL 33186

REINSTATEMENT 1997

A. Oziel

10/30/97

8. Name and Address of Current Registered Agent

Oziel, Eva Rose
9720 SW 124 Court
Miami, FL 33132

9. Name and Address of New Registered Agent

Name

000007338280

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

-11/03/97--01107--003

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Eva Rose Oziel

REGISTERED AGENT MUST SIGN

Date 10/22/97

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:

Eva Rose Oziel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/97 305-377-9737

Date

Daytime Phone #

CR20040 (12/96)