

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 JUN 23 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000000525**

1. Corporation Name

Tropical Rainforest Foundation, Inc.

2. Principal Office Address

1220 Collins Ave.

3. Mailing Office Address

1220 Collins Ave.

Suite, Apt. #, etc.

Suite 330

Suite, Apt. #, etc.

Suite 330

City & State

Miami Beach, Fl.

City & State

Miami Beach, Fl.

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

REINSTATEMENT

99-05

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 27, 1998

5. FEI Number

65-0829147 (EIN)

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

Vida Amor Nicol De Paz

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

30 West Mashta Drive

Suite, Apt. #, Etc.

Suite 405

City

Key Biscayne

State

FL

Zip Code

33149

800056610898

06/28/05--01035--004 **612.40

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

(VIDA DE PAZ)

Vida Amor Nicol De Paz

Date June 16, 2005

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
S	Geraldine Chester	96152 Glenwood Rd.	Yulee, Fl. 32097, USA
T	Peter Cook	23 ave. 7-50 zona 15 VHI La Rotonda	Guatemala City, Guatemala, 01015
D	Oscar Roberto De Paz	22 ave. 5-29 zona 15 VHI La Barranca	Guatemala City, Guatemala, 01015
D	Tiffany Lovett	625 Walther Way	Los Angeles, California, 90049, USA
P	Vida Amor Nicol De Paz	30 Mashta Drive, Suite 405	Key Biscayne, Fl. 33149, USA

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:

(VIDA DE PAZ) *Vida Amor Nicol De Paz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 16, 2005

Date

0011 502 5-70418:

Daytime Phone #

CR2E081 (01/05)