

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

06 JUN 12 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F73917

1. Corporation Name

Tropical Paradise Landscaping, Inc.

2. Principal Office Address

7700 N. Kendall Drive

Suite, Apt. #, etc.

#510

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Office Address

7700 N. Kendall Drive

Suite, Apt. #, etc.

#510

City & State

Miami, FL

Zip

33156

Country

USA

REINSTATEMENT 88-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/29/1982

5. FEI Number

56-2590135

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

Wayne H. Rassner, Esquire

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

7700 N. Kendall Drive

Suite, Apt. #, Etc.

Suite 510

City

Miami

State

FL

Zip Code

33156

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

Wayne H. Rassner

Wayne Rassner

Date

6-9-06

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
PD	Andrew R. Logan	7700 N. Kendall Drive	Miami, FL
		Suite 510	
		PX	800076428148
			06/21/06 01016 001 **3245.00

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:

Andrew R. Logan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-06

Date

270-8876
305
Daytime Phone #

CR2E081 (01/05)

6/12/06