

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H38727**

1. Corporation Name

**TROPICAL VALUES, INC.**

Principal Place of Business

8000 NW 7TH STREET  
P.O. BOX 525400  
MIAMI FL 33126-4008

Mailing Address

8000 NW 7TH STREET  
P.O. BOX 525400  
MIAMI FL 33126-4008

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. Data Incorporated or Qualified  
To Do Business in Florida

01/21/1985

5. FEI Number

59-2485854

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 3	City / State / Zip 4
D	BLOUNT, GREGORY	8000 N W 7TH STREET	MIAMI FL 33126
S	RAPPAPORT, NANCY	8000 N W 7TH STREET	MIAMI FL 33126
D	MARTINEZ, MARIO C	6451 N. FEDERAL HIGHWAY, STE. 10	MIAMI FL 33126
D	FETZER, FRED B	8000 NW 7 ST.	MIAMI FL
D	MURRAY, DAVID	8000 N.W. 7 STREET	MIAMI FL
D	HESS, WILLIAM	8000 NW 7TH STREET	MIAMI FL 33126

8. Name and Address of Current Registered Agent

BLOUNT, GREGORY L  
8000 NW 7TH STREET  
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

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

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. or 617.0505, F.S.

Signature of  
Registered Agent

*G. L. Blount*

REGISTERED AGENT MUST SIGN

Date

10-9-03

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., 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:

*G. L. Blount*

G. L. Blount

Date

10-9-03 305-265-2404

Daytime Phone #

CR2E040 (7/03)