


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 Oct 22 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J57856

1. Corporation Name

FLORIDA TROPICULTURE, INC.

Principal Place of Business

Mailing Address

17325 SW 208 ST
MIAMI FL 33187

P.O. BOX 943
MIAMI FL 33197
US

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

HA



2001 UBR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1987

5. FEI Number

59-2769694

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
DP	LEE, LAWRENCE	15450 S.W. 158TH STREET	MIAMI FL 33187
STD	LEE, PATRICIA	15450 S.W. 158TH STREET	MIAMI FL 33187

300004685823--6
-11/16/01--01080--019

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TARABOULOS, JACK
12515 NORTH KENDALL DRIVE
SUITE #200
MIAMI FL 33186

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/01
Date

Daytime Phone #

CPRE040 (8/01)

Jack Taraboulos

Accountant

11420 SW 109 Road ! Miami, Florida 33176 ! (305) 271-4360

242

October 17, 2001

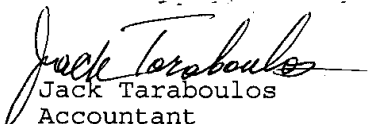
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Florida Tropiculture, Inc.
FEI# 59-2769694
Document# J57856

The above Corporation is a wholesale plant nursery that is located in a rural area. In many instances the mail is not delivered on time or even lost. The client did not receive the corporate annual renewal to file on timely basis. The client was not aware that the Corporate annual report was not filed until he received the certificate of administrative dissolution on October 2001

We are filling the renewal at this time and respectfully request an abatement of the late filing fees.

Sincerely yours,


Jack Taraboulos
Accountant