

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

1. DOCUMENT # L02000022298

Name and Mailing Address

0008135 01 AT 0.292 \*\*AUTO TO D 0615 33305-194128



TROPICAL HOMES AND RENTALS II, LLC  
2100 N. OCEAN BLVD PH 28  
FT LAUDERDALE FL 33305-1941



CR2E084 (7/03)

2. New Mailing Address

2019 HARRISON ST

City, State, Zip

Hollywood FL 33019

Principal Place of Business

2100 N. OCEAN BLVD PH 28  
FT LAUDERDALE FL 33305

3. New Principal Place of Business Address

2019 HARRISON ST

City, State, Zip

Hollywood FL 33019

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/28/2002

6. FEI Number

81-0567632

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR  
CLEARWATER FL 33761

9. Name and Address of New Registered Agent

Name

MARIO SOPENA

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

2019 HARRISON ST.

City

Hollywood

FL

Zip Code

33019

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 12-01-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SOPENA, MARIO L	2100 N. OCEAN BLVD PH 28 2019 HARRISON ST	FT LAUDERDALE FL 33305 Hollywood FL 33019
			600025263866 12/08/03-01001-017 **150.00

12. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

**SIGNATURE REQUIRED**

Date 12-01-03

Daytime Phone # 954-929-3180

Typed or printed name of signing Managing Member/Manager