

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 APR 12 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L28024**

1. Corporation Name

Florida Tropical Estates, Inc

2. Principal Office Address

8000 W. 24th Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Bay #1

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33016

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/07/1989

5. FEI Number

65-0161012

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

Eduardo L. Rodriguez

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

8000 W. 24th Ave

Suite, Apt. #, Etc.

Bay #1

City

Hialeah

State

FL

Zip Code

33016

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

REGISTERED AGENT MUST SIGN

Date

**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
P,D	Eduardo L. Rodriguez	8000 W. 24th Ave #1	Hialeah, FL 33016

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:

*Eduardo L. Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-05

Date

305-322-0420

Daytime Phone #

APR 20 2005