

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L59249

1. Corporation Name

TROPICAL FEAST INC.

2. Principal Office Address - No P.O. Box #

18400 NW 2ND AVE

3. Mailing Office Address

18400 NW 2ND AVE

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

5

City & State

MIAMI

City & State

MIAMI

Zip

33169

Country

USA

Zip

33169

Country

USA

7. Name and Address of Current Registered Agent

Name

ALLAN CRICHLAW

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

19390 NW 57TH CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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
MRS	NAIROON CRICHLAW	19390 NW 57TH CT	33015

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-652-8648

Daytime Phone #

FILED

09 MAY 11 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100155774621
05/11/09--01042--022 **450.00

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/1990

5. FEI Number
650178197

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.