

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 FEB -4 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005318

1. Limited Liability Company's Name

TROPIMAR L.L.C.

**REINSTATEMENT**

2001-2002

2. Principal Office Address

1000 PARKVIEW DR

Suite, Apt. #, etc.

APT 917

City & State

HALLANDALE FL

Zip

33009

Country

BROWARD

3. Mailing Office Address

1000 PARKVIEW DR

Suite, Apt. #, etc.

APT 917

City & State

HALLANDALE FL

Zip

33009

Country

BROWARD

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

09/26/1999

6. FEI Number

65-0944829

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

400004880024-3

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

1840 CORAL WAY, 4TH FL.

02/05/02-01035-002

\*\*\*\*155.00 \*\*\*\*155.00

Suite, Apt. #, Etc.

400004880024-3

02/05/02-01035-003

\*\*\*\*\*45.00 \*\*\*\*\*45.00

City

MIAMI

State

FL

Zip Code

33145

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

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT

MUST SIGN

Date

12/28/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SORIA TOMAS U	1000 PARKVIEW DR APT 917	HALLANDALE FL 33009
MGR	IRIAS MARTHA	1000 PARKVIEW DR APT 917	HALLANDALE FL 33009

11. I certify that I am managing member/manager or 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

James U. Soria

Date 12-28-2001

Daytime Phone # 305-684-0115

Typed or printed name of signing Managing Member/Manager

MGR TOMAS U. SORIA

CR2E041 (9/01)