

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

03 NOV 10 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006777

1. Corporation Name

TROPICAL RIVERS ALLIANCE, INC.

Principal Place of Business

Mailing Address

ISSLAC / LATIN AMERICAN AND CARIBBEAN CNT.
FLORIDA INTERNATIONAL UNIVERSITY, DM 353
MIAMI FL 33199

ISSLAC / LATIN AMERICAN AND CARIBBEAN CNT.
FLORIDA INTERNATIONAL UNIVERSITY, DM 353
MIAMI FL 33199



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

71-0902659

Not Applicable

Zip

Country

Zip

Country

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PD

Michael E. McClain

1005 Cortez St

Coral Gables / FL / 33134

D

Nicole Silk

2060 Broadway Ste. 230

Boulder / CO / 80302

D

Lucy Dorick

1844 Clover Meadow Dr.

Vienna / VA / 22182

700024568567

11/10/03--01085--013 **175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCLAIN, MICHAEL E
1005 CORTEZ STREET
CORAL GABLES FL 33134

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
REGISTERED AGENT MUST SIGN

Date

Oct. 27, 2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael E. McClain

Date

Daytime Phone #

Oct. 27, 2003 305 348 6826

CR2E040 (7/03)