

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -3 AM 11:27

DOCUMENT # **P00000087652**

1. Corporation Name

**TROPICAL BATH PRODUCTS INC.**

Principal Place of Business

Mailing Address

13500 S W 88TH STREET, #185  
MIAMI FL 33186

13500 S W 88TH STREET, #185  
MIAMI FL 33186



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/2000

5. FEI Number

☒ Applied For  
☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	RODRIGUEZ, MAGALY	13500 S W 88TH STREET, #185	MIAMI FL 33186
DP	ANGELINI, CHRIS	13500 S W 88TH STREET, #185	MIAMI FL 33186

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANGELINI, CHRIS  
888 BRICKELL KEY DRIVE  
MIAMI FL 33131

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

To whom it may  
concern.

We have applied  
for our FEI number and  
sent you the paper indicating  
that on our renewal papers  
you sent us. The \$150 has  
been cashed by your department.  
Please waive all late charges  
and reinstate our corporation.

Thank you,  
Chris Angelini