

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000060940

1. Corporation Name

TROPIC MOON GROVE, INC.

Principal Place of Business

601 BRICKELL KEY DRIVE SUITE 802
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE SUITE 802
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2001

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
PD	Victr Gutierrez	c/o 601 Brickell Key Drive	Miami, FL 33131
STO	Sue Chamberlin	c/o 601 Brickell Key Drive	Miami, FL 33131

02 UBR

TO

8. Name and Address of Current Registered Agent

HESS, THOMAS J ESQ
601 BRICKELL KEY DRIVE SUITE 802
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 20 OCT 02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/02 13051371-8069

Date

Daytime Phone #

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VAZQUEZ & HESS LLP

Attorneys at Law

Courvoisier Centre II, Suite 802
601 Brickell Key Drive
Miami, Florida 33131

Tel: (305) 371-8064
Fax: (305) 371-4967

October 22, 2002

VIA U.S MAIL

Reinstatement Division
Division of Corporations
409 East Gaines Street
Tallahassee, Florida. 32399

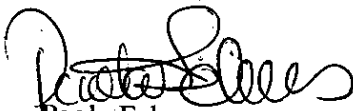
RE: 2002 Annual Renewal for Tropic Moon Grove, Inc.,

Dear Sir or Madam:

Enclosed please find the 2002 annual renewal report for Tropic Moon Grove, Inc., with a check in the amount of One Hundred and Fifty (\$ 150.00) dollars as payment for the renewal. This office was unable to timely submit the renewal because the annual report form was never received. We request that the Secretary of State waive any renewal late fees and or penalties and it restores the corporate status back to "ACTIVE".

Thank you in advance for your attention to this matter. Please do not hesitate to contact us if you need any additional information.

Sincerely,



Paola Febres
Paralegal

Enclo.