

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 13 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000060940

1. Corporation Name

TROPIC MOON GROVE, INC

**REINSTATEMENT**

2. Principal Office Address

22000 SW 202 AVENUE

3. Mailing Office Address

22000 SW 202 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33170

Country

Zip

33170

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/2001

5. FEI Number

65-1116196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

SUSAN R. CHAMBERLIN

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

22000 SW 202 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33170

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

*Susan R. Chamberlin*  
REGISTERED AGENT MUST SIGN

Date Nov 4, 2003

**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
PD	SUSAN R. CHAMBERLIN	22000 SW 202 AVENUE	MIAMI, FL 33170
D	VICTOR GUITERREZ	22000 SW 202 AVENUE	MIAMI, FL 33170

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 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:

*Victor Guiterrez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/08/03 305775-8247

Daytime Phone #

CR2E081 (10/02)

October 30, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Tropic Moon Grove, Inc.  
FEI# 65-1116196  
Notice of Administrative Dissolution or Revocation

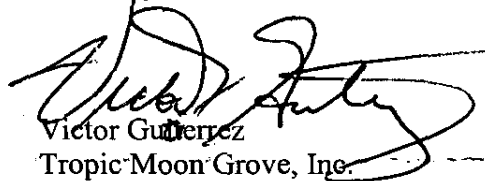
To Whom It May Concern:

It has come to our attention that Tropic Moon Grove, Inc., has been administratively dissolved. Tropic Moon Grove, Inc., did not receive the first Uniform Business Report nor the two reminder notices that followed. The address listed as the mailing address is the address of the registered agent. The registered agent no longer resides at that address and no correspondence was ever forwarded to our attention. We have since then filed a Change of Registered Agent/Address.

Therefore, we ask that the reinstatement fee be waived. Please find enclosed a check for \$150.00 to return to active status.

Should you require additional information, please do not hesitate to contact me at (305) 245-0536

Sincerely,



Victor Gutierrez  
Tropic Moon Grove, Inc.