

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 13 AM 8:01

DOCUMENT # P01000084505

1. Corporation Name

La Tropical, Inc.

2. Principal Office Address

4319 Autumn Leaves Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

USA

3. Mailing Office Address

P.O. Box 340478

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33694

Country

USA

100009509061

12/13/02--01077--012 **758.75

4. Date Incorporated or Qualified

To Do Business in Florida August 27, 2001

5. FEI Number

59-3740465

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

Victor A. Moisa Sr.

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

4319 Autumn Leaves Dr.

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33624

REINSTATEMENT

02

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

REGISTERED AGENT MUST SIGN

Date November 01, 2002

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
P	Victor A. Moisa Sr.	4319 Autumn Leaves Dr.	Tampa, FL 33624
V	Ana A. Moisa	4319 Autumn Leaves Dr.	Tampa, FL 33624
S	Victor A. Moisa Jr.	4319 Autumn Leaves Dr.	Tampa, FL 33624
T	Carlos E. Moisa	4319 Autumn Leaves Dr.	Tampa, FL 33624
	none		
	none		

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 A. Moisa Sr.

11/01/2002 813-265-3782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)