

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000111984

1. Corporation Name

TROPICAL BOUQUET, INC.

Principal Place of Business

8004 NW 154 STREET
285
MIAMI LAKES FL 33016

Mailing Address

8004 NW 154 STREET
285
MIAMI LAKES FL 33016



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

11/26/2001

5. FEI Number

65-1135474

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
P	LAGO, REMBERTO	8004 NW 154 STREET, # 285	MIAMI LAKES FL 33016

12/17/02

0000009556380
12/17/02--01022--003 **150.00

8. Name and Address of Current Registered Agent

HERRERA, DANILO
8004 NW 154 STREET
285
MIAMI LAKES FL 33016

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

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]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-10-02

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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-10-02

CR2E040 (8/02)

Tropical Bouquet Inc.

◆ 8004 North West 154 St Suite 285 ◆ Miami Lakes, Fl

33016

December 11, 2002

Florida Department Of State
Jim Smith, Secretary of State
Miami, FL 33166

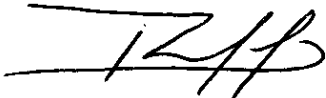
Subject: Reinstatement

Dear Sir or Madam:

I would like to go on notice that we here at Tropical Bouquet, Inc., did not receive the prior notices for reinstatement. We would like to have the corporation reinstated. We are inclosing the \$150.00 reinstatement fee as requested by the Florida Department of State. If you have any further questions please feel free to give us a call.

Thank you so much for your time.

Respectfully,



Remberto Lago
President
Tropical Bouquet, Inc.
RL

Phone (305) 499-9240 ◆ Fax (305) 499-9255 ◆ Toll Free (866) 499-9240