

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072134

1. Corporation Name

TROPICAL HEALTHY FOOD CORPORATION

Principal Place of Business

Mailing Address

3149 SOUTHEAST 54TH CIRCLE
OCALA FL 34471

3149 SOUTHEAST 54TH CIRCLE
OCALA FL 34471



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

4. Date incorporated or Qualified
To Do Business in Florida

03

07/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

City & State

City & State

36-4501533

☐ Not Applicable

Zip

County

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GORDIAN, CARLOS	3149 SOUTHEAST 54TH CIRCLE	OCALA FL 34471

500023820135
10/15/03--01059--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GORDIAN, CARLOS
3149 SOUTHEAST 54TH CIRCLE
OCALA FL 34471

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

Carlos F. Gordian

REGISTERED AGENT MUST SIGN

Date 10-10-03

11. I certify that I am an officer or director of 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:

Carlos F. Gordian / Carlos F. Gordian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 10, 2003
(352) 361-3489

CR2E040 (7/03)

Tropical Healthy Food Corporation
Carlos F. Gordian
3149 SE 54th Circle
Ocala, FL 34471

October 12, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

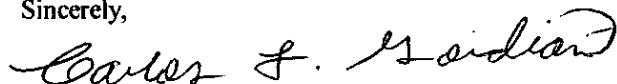
We just received and learned about the "Administrative Dissolution or Revocation" notice to this corporation.

We are requesting to waive the reinstatement fee as we did not receive the two prior uniform business reports (UBR) notices and we were not aware of these penalties fees.

Please, find the amount of \$150.00 for Uniform Business Report for Tropical Healthy Food Corporation.

Thanks for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carlos F. Gordian".

CG/NG