

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 25 AM 10:56

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P039000038984*

1. Corporation Name

TROPICAL STONE Designs, Inc.

2. Principal Office Address - No P.O. Box #

21692 SW. 236 ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD

City & State

FL.

Zip

33031

Country

US.

Zip

Country

REINSTATEMENT *04-07*

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04-07-03

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

REYNOL RODRIGUEZ

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

21692 SW. 236 ST.

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33031

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 *05.22.07*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name or Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PO</i>	<i>Reynol Rodriguez</i>	<i>21692 SW. 236 ST</i>	<i>HOMESTEAD FL. 33031</i>

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-22-07

Date

786 243 8965

Daytime Phone #