

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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AND  
FILED

96 NOV 25 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051052

1. Corporation Name

Tropical Apparel, Inc.

Principal Place of Business

Mailing Address

8604 NW 70 St. --  
Miami, Florida 33166

100002016461--1

-11/27/96--01100--014  
\*\*\*775.00 \*\*\*775.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

July 21, 1993

5. FEI Number

58-1840237

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.D	Roberto Sanz	Calle 68 Norte # 3B-BIS 116	Call, Colombia
VP	Pedro Piedrahita	Ave 3ra Norte # 7151 <del>801400</del>	Call, Colombia
T	Alberto Trujillo	Ave 3 Oeste # 9-170 Edificio Arbolada 4to piso	Call, Colombia
S	Mercedes Niet	4293 Diamante Drive	Florida, FL 33551

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
Rose Robbins, Esq  
Street Address (P.O. Box Number is Not Acceptable)  
2608-3 North Ocean Blvd.  
Suite, Apt. #, Etc.  
#118  
Pompano Beach  
State FL Zip Code 33062

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.

Signature of  
Registered Agent

Rose Robbins

REGISTERED AGENT MUST SIGN

Date 11-10-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information located on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mercedes Niet Secretary

11/10/96

305-591-3327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #