

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 DEC 27 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000001700

1 Corporation Name

TROPICANA HOMES, INC.

Principal Place of Business

Mailing Address

~~8442 SW 8TH ST  
SUITE 240  
MIAMI FL 33144  
US~~

~~8442 SW 8TH ST  
SUITE 240  
MIAMI FL 33144  
US~~

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

2. New Principal Office Address, If Applicable  
18350 S.W. 139 Court  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
6317 S.W. 11 Street  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida  
01/07/1994

City & State  
Miami, Florida 33177

City & State  
Miami, Florida 33144

5. FEI Number  
65-0530617

Applied For  
Not Applicable

Zip  
33177  
Country  
Dade

Zip  
33144  
Country  
Dade

6. CERTIFICATE OF STATUS DESIRED

7b. Additional Fee paid for 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>DP</del>	<del>RIVERO, ARMANDO</del>	<del>8442 SW 8TH ST</del>	<del>MIAMI FL</del>
PVTSD	Armando Rivero	9031 S.W. 21 Street	Miami, Florida 33165

300002046373--0  
-01/06/97--01017--009  
\*\*\*383.75 \*\*\*383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIVERO, ARMANDO  
8442 SW 8TH ST  
SUITE 240  
MIAMI FL 33144

Name  
Jose A. Perez  
Street Address (P.O. Box Number is Not Acceptable)  
6317 S.W. 11 Street  
Suite, Apt. #, Etc.  
City  
Miami  
State  
FL  
Zip Code  
33144

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

*Jose A. Perez*  
REGISTERED AGENT MUST SIGN

Date 12-11-96

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 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)(l), 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: *Armando Rivero* ARMANDO RIVERO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-96 (305) 254-0205  
Date Daytime Phone #