

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 16 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031305

1. Corporation Name

TROPICAL EVENT EQUIPMENT FABRICATORS, INC.

Principal Place of Business

Mailing Address

10481 SW 184 TERR
MIAMI FL 33157
US

PO BOX 970857
MIAMI FL 33157
US

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 04/22/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0485873	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
DVP	PEREZ, IGNACIO / managing director	8700 SW 133 AVE #323	MIAMI FL 33183
DP	KELLER, LAWRENCE / managing director	9610 BANAMA DR	MIAMI FL
ST	PEREZ, ALAIN / managing director	8700 SW 133 AVE #323	MIAMI FL 33183

600003447676-6
-11/01/00--01100--021
****750.00 ****750.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHIFF, JAMES M 9130 S DADELAND BLVD SUITE 1609 MIAMI FL 33156	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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-13-2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2000
Date

Daytime Phone #

CR2E040 (8/00)