

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -7 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P94000038666

FLORIDA TROPICAL GARDENS, INC.

2. Principal Office Address

5879 SW 178th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

5879 SW 178th Ave.

Suite, Apt. #, etc.

City & State

S.W. Ranches, FL

City & State

S.W. Ranches, FL

Zip

33331

Country

USA

Zip

33331

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 1994

5. FEI Number

65-0493477

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rivera, Miguel A.

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

5879 SW 178th Ave.

Suite, Apt. #, Etc.

City

South West Ranches, FL

500026369395

01/07/04--01048--006 **10 0.00

500026369395

01/07/04--01048--007 **500 00

State

FL

Zip Code

33331

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

Miguel Rivera

REGISTERED AGENT MUST SIGN

Date

01/06/2004

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	Miguel A. Rivera	5879 SW 178th Ave.	S.W. Ranches, FL 33331
DVPT	Mercedes M. Rivera	5879 SW 178th Ave.	S.W. Ranches, FL 33331

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 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:

Miguel Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/06/2004

Daytime Phone #

TK