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
98 NOV -5 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053618

1. Corporation Name FLORIDA TROPICAL, INC.

Principal Place of Business / Mailing Address
3801 SW 112 AVENUE
MIAMI, FLORIDA 33165

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

REINSTATEMENT 95-98
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
12747 SW 40 Street
Suite, Apt. #, etc. Suite 338
City & State MIAMI, FLA
Zip 33175 Country USA

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida
July 20. 94

5. FEI Number
65-0541497
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ANGEL CHAGUACEDA	12747 SW 40 St #338 MIAMI, FLA 33175	MIAMI, FLA 33175
D	VICTORIA CHAGUACEDA	12747 SW 40 ST #338	MIAMI, FLA 33175

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8. Name and Address of Current Registered Agent
AMERILAWYER
343 ALHAMBRA AVENUE
CORAL GABLES, FLA 33134

9. Name and Address of New Registered Agent
Name ARIEL ZAYAS
Street Address (P.O. Box Number is Not Acceptable) 910 WEST AVENUE
Suite, Apt. #, Etc. SUITE 716
City MIAMI BEACH State FL Zip Code 33139

CR2E043 (12/93)

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 _____ Date NOV 4.98
REGISTERED AGENT MUST SIGN

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

20/20 ANGEL CHAGUACEDA PRESIDENT NOV 4-98