

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Keith Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 31 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015419

1. Corporation Name

TROPICAL FALLS LANDSCAPING & MAINTENANCE, INC.

Principal Place of Business

Mailing Address

10201 HAMMOCKS BLVD., #153
MIAMI FL 33196

10201 HAMMOCKS BLVD., #153
MIAMI FL 33196

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1995

5. FEI Number

65-0264136

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	4 City / State / Zip
P	BRYAN, DAVID	10201 HAMMOCKS BLVD., #153	MIAMI FL 33196
			400004785224--5 -01/18/02--01072--015 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRYAN, DAVID
10201 HAMMOCKS BLVD., STE. 153
MIAMI FL 33196

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

DEAR SIRs,

Please Accept this Regular Fee For my Corporation, 2012

I have been in a Divorce, And my wife brought

litigation against the Corporation in my Divorce,
As well as taking Rewards of the business And
not returning them. She was the bookkeeper

For the company And had handled this matter

~~each year. I did not Realize that My Status was~~

~~In~~ this situation. Please do not penalize me

For this, I have kept my Corporation in all past
years, And I will be further financially insured

by this penalty.

Thankyou

David Bayan President