

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 AUG 20 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039438

1. Corporation Name

TROPICALES PRODUCE, INC.

Principal Place of Business

Mailing Address

12750 SW 197th Avenue
Miami
Florida 33169

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

2. New Principal Office Address, If Applicable

2151 NW 13th Avenue

Suite, Apt. #, etc.

Bay 33, 34

City & State

MIAMI, FLORIDA

Zip

33142

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/95

5. FEI Number

65-0582064

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-98

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	Joseph Gonzalez	12750 SW 197 Avenue	Miami, Florida 33196
MANAGER	Mario Dominguez	10891 NW 7 Street #23	Miami, Florida 33172

600002624666-4
-08/25/98--01060--003
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Marcelo M. Agudo
1647 SW 27th Avenue
Miami, Florida 33145

9. Name and Address of New Registered Agent

Name

Raymond L. Robin, Esq

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

1121 S. 21st Avenue

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

Raymond L. Robin
REGISTERED AGENT MUST SIGN

Date

8/13/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

Mario Dominguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO DOMINGUEZ

Date

8/13/98

Daytime Phone #

(305) 545-0006