

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 MAY -1 PM 4:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000062721 (2)

1. Corporation Name

TROPICAL OF MIAMI, INC.

Principal Place of Business Mailing Address

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

2. New Principal Office Address, if Applicable 11725 N.W. 100th ROAD Suite, Apt. #, etc. SUITE 4 City & State MEDLEY, FL Zip 33178		3. New Mailing Office Address, if Applicable 11725 N.W. 100th ROAD Suite, Apt. #, etc. SUITE 4 City & State MEDLEY, FL Zip 33178		Country U.S.A.		4. Date Incorporated or Qualified To Do Business in Florida 08/08/1995		5. FEI Number 65-0606915		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		7. Additional Fee required for Expedited Processing									

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
P	VILLAZON, RAFAEL	1038 S.W. 139th PLACE	MIAMI, FL 33184
VP	SALAS, FRANCISCO	4675 WEST 18th COURT, #309	HIALEAH, FL 33012
S/T	CIEZA, RAQUEL	3730 S.W. 32nd COURT	HOLLYWOOD, FL 33023
800002522728-3 -05/14/98-D1007-006 *****323,75 *****323,75 SC 5-6-98			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name JOSE A. ABRANTE	
		Street Address (P.O. Box Number is Not Acceptable) 9531 S.W. 27th AVENUE	
		Suite, Apt. #, Etc.	
		City MIAMI,	State FL Zip Code 33165

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: *Jose A. Abrante* REGISTERED AGENT MUST SIGN Date: 4/27/98

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 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)(f), 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: *Raquel Cieza* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/27/98 Daytime Phone #

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TROPICAL OF MIAMI, INC.  
11725 N.W. 100th ROAD  
SUITE 4  
MEDLEY, FL 33178

April 27, 1998

Department of State  
Division Corporations  
P.O. BOX 6327  
Tallahassee, Fl 32314

RE: Tropical of Miami, Inc.  
DOC# P9500006272(2)  
EIN# 65-0606915


Gentlemen:

The purpose of this letter is to request you waive the fees to reinstate the above named corporation. The annual report for 1997 was sent on April 24, 1997 with a check in the amount of \$173.75 (copies enclosed). According to your records this was not received.

Enclosed you will find the reinstatement application and a check in the amount of \$323.75.

Sincerely,

TROPICAL OF MIAMI, INC.

  
Raquel Cieza  
Secretary-Treasurer

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

(3)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Gandere B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

COPY

DOCUMENT # P95000062721 (2)

1. Corporation Name  
TROPICAL OF MIAMI, INC.



Principal Place of Business: 221 SW 123RD AVE MIAMI FL 33184  
Mailing Address: 221 SW 123RD AVE MIAMI FL 33184-1325

3. Date Incorporated or Qualified: 08/09/1995  
3b. Date of Last Report: 04/14/1996

21. Principal Place of Business: 11725 NW 100th Road, Suite 4, Medley Florida, 33178  
22. Mailing Address: 11725 N. W. 100th Road, Suite 4, Medley, FL, 33178  
23. City & State: Medley Florida, U.S.A.  
24. Zip: 33178, Country: U.S.A.

4. FEI Number: 65-0606915  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Can Loan Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

8. Name and Address of Current Registered Agent: TORVISO, MARIA A, 221 SW 123RD AVE, MIAMI FL 33184

10. Name and Address of New Registered Agent: Jose A. Abrante, 9531 S.W. 27 Drive, Miami, FL 33165

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DVST NAME: TORVISO, MARIA A STREET ADDRESS: 221 SW 123RD AVE CITY-ST-ZIP: MIAMI FL 33184	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: President 1.7 NAME: Rafael Villazon 1.3 STREET ADDRESS: 1038 S.W. 139 Place 1.6 CITY-ST-ZIP: Miami, FL 33184	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: RABELO, AMARILYS STREET ADDRESS: 1038 SW 139TH PL CITY-ST-ZIP: MIAMI FL 33184	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Vice-President 2.2 NAME: Francis Sales 2.3 STREET ADDRESS: 4675 West 19 court # 309 2.4 CITY-ST-ZIP: Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	3.1 TITLE: Secretary-Treasurer 3.2 NAME: Raquel Cieza 3.3 STREET ADDRESS: 3730 S.W. 32nd Court 3.4 CITY-ST-ZIP: Hollywood, FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raquel Cieza  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

0248018

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COPY

TROPICAL OF MIAMI  
1038 S.W. 139 Place  
MIAMI, FL 33184

63-1138/660  
BRANCH 1

63041

4-24 1997

PAY TO THE ORDER OF DEPARTMENT OF STATE \$173.75

ONE HUNDRED SEVENTY THREE AND 75/100 DOLLARS

OCEAN BANK  
2000 FLORIDA BLVD  
MIAMI, FL 33136

FOR DEPOSIT ONLY 65-0606915

Jacqueline P. [Signature]

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