

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
B. Morris
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN -2 AM 11:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000063710

1. Corporation Name

TROPICAL WAVE LANDSCAPING, INC.

Principal Place of Business

Mailing Address

7876 PONCE DE LEON RD.
MIAMI FL 33143

7876 PONCE DE LEON RD.
MIAMI FL 33143



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSD	GONZALEZ, RAMON H	7876 PONCE DE LEON RD. 7878 Ponce de Leon Rd.	MIAMI FL 33143
			200002049402--5 -01/07/97--01170--001 ****200.00 ****200.00

NOTICE NOT
RECEIVED
AD

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE CRUZ, LUIS F
241 SEVILLA AVENUE
SUITE 805
CORAL GABLES FL 33134

Name

RAMON Gonzalez

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

7878 Ponce de Leon Rd

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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

Ramon H. Gonzalez
REGISTERED AGENT MUST SIGN

Date

9/18/96

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)(l), 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 #

10/15/96 305-668-3241

CR2E040 (7/96)