

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000063710**

1. Corporation Name

TROPICAL WAVE LANDSCAPING, INC.

Principal Place of Business

7515 SW 122 ST.
MIAMI FL 33156
US

Mailing Address

P.O. BOX 560936
MIAMI FL 33256

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

2. New Principal Office Address, If Applicable <i>10701 SW 83rd Court</i>	3. New Mailing Office Address, If Applicable <i>P.O. Box 560936</i>
Suite, Apt. #, etc. <i>Miami FL 33156</i>	Suite, Apt. #, etc. <i>MIAMI FL 33256</i>
City & State	City & State
Zip	Zip
Country	Country

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	City / State / Zip
1	2	3	4
PT	GONZALEZ, RAMON H	7515 S.W. 122 STREET	MIAMI FL 33156
VP	GONZALEZ, OLGA LEILA	P.O. BOX 560936	MIAMI FL 33256

4. Date Incorporated or Qualified To Do Business in Florida

08/17/1995

5. FEI Number

65-0602444

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/02/02-01034-006

*****750.00/01*****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, RAMON
7515 S.W. 122 STREET
MIAMI FL 33156

Name **Ramon H. Gonzalez**
Street Address (P.O. Box Number is Not Acceptable)
10701 SW 83rd Court
Suite, Apt. #, Etc.
Miami FL 33156

City

State

Zip Code

CR2E040 (8/01)

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 **12/10/01**

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:

Olga Leila Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/01 305-595-9566

Date

Daytime Phone #