

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000063710

1. Corporation Name

TROPICAL WAVE LANDSCAPING, INC.

Principal Place of Business

Mailing Address

7515 SW 122 ST.
MIAMI FL 33156
US

P.O. BOX 560936
MIAMI FL 33256
US

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

10701 SW 83rd Court
Suite, Apt. #, etc.
Miami FL 33156
City & State

P.O. Box 560936
Suite, Apt. #, etc.
MIAMI FL 33256
City & State

Zip Country
U.S.A.

Zip Country

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

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

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750.00750.00

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
FL

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

12/10/01

Date

305-595-9566

Daytime Phone #