

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000040125

1. Corporation Name

TROPICAL TRAILER PARK, INC.

Principal Place of Business

2655 LeJeune Road
Penthouse II
Coral Gables, FL
33144

Mailing Address

the same

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

2. New Principal Office Address, If Applicable

1398 NW 79 Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 558703
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33144

Country

Zip

33255

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/9/96, eff 5/6/96

5. FEI Number

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)

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
D	Martinez, Moises G.	1398 NW 79 Street	Miami, FL 33144

8. Name and Address of Current Registered Agent

Zaedy R. Pozo
2655 LeJeune Road
Penthouse II
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name
Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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 By: Spiegel & Utrera, P.A.

Natalia Utrera, Vice President

Date

5/14/99

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:

Spiegel & Utrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/14/99

Daytime Phone #

REINSTATEMENT 91-99

99 MAY 27 PM 2:22

RECEIVED FOR STATE
INITIALS AND SIGNATURE