

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 MAR -8 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000021816

1. Corporation Name

TROPICOL PAINTING COMPANY, INC.

Principal Place of Business

10904 S.W. 142ND PLACE  
MIAMI FL 33186

Mailing Address

10904 S.W. 142ND PLACE  
MIAMI FL 33186

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

03/11/1997

5. FEI Number

65-0738121

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
Pres	Juan C. Dieppa	10904 SW 142 Place	MIAMI, FL 33186
VP	Marcel A. Capo	8615 NW 8 Street #212	MIAMI, FL 33126
Sec.	Jesus Delgado	4616-B SW 139 Court	MIAMI, FL 33175

100002811101--0  
-03/18/99-01994-006  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

DIEPPA, JUAN C  
10904 S.W. 142ND PLACE  
MIAMI FL 31286

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Juan C. Dieppa*

REGISTERED AGENT MUST SIGN

Date 1/27/99

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:

*Juan C. Dieppa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

(305) 607-9311

DATE

Telephone #

CP2ED00 (9/98)