

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 10 PM 2:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 99-00AR
99000000546

1. Corporation Name

Tropic Works Inc.

2. Principal Office Address

5319 west 22nd Ct

Suite, Apt. #, etc.

3. Mailing Office Address

5319 west 22nd Ct

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33016

Country

United States

Zip

33016

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 22, 1998

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Guadalupe Montanaro

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

5319 west 22nd Court

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33016

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Guadalupe Montanaro

REGISTERED AGENT MUST SIGN

Date 7-6-2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Owner	Marco Montanaro Jr.	5319 west 22nd Ct	Hialeah FL 33016
			600003335066--5
			-07/25/00--01055--004
			****150.00 ****150.00

10. 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:

Marco Montanaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-00 (305) 823-3227
Date Daytime Phone #

KE

CR2E081 (9/99)

20f2

Marco Montanaro/ Tropic Works
5319 West 22nd CT.
Hialeah, FL. 33016

Along with the form 203 Reinstatement Corp form, you will be receiving a \$150 check for the reinstatement of my corporation. I have already sent \$500 to reinstate the corporation for the prior year, but your office never received the corrected form.

Should you have any questions, please contact me at the following phone number:

305-823-3224