

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC -9 PM 12: 30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000007446

1. Corporation Name

TROPICAL COMMODITIES & PRODUCTS, INC.

Principal Place of Business

Mailing Address

2127 BRICKELL AVE  
 #2804  
 MIAMI FL 33129

2127 BRICKELL AVE  
 #2804  
 MIAMI FL 33129



REINSTATEMENT 99

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

2. New Principal Office Address, if Applicable

3300 NW 73th STREET

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

01/23/1998

5. FEI Number

650837541

Applied For

Not Applicable

Zip 33147

Country

Zip

Country

8. 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	4 City / State / Zip
PSTD	ONTANEDA, RAMIRO	2127 BRICKELL AVE, #2804	MIAMI FL 33129
			200003078212--0 -12/22/99--01071--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ONTANEDA, RAMIRO  
 2127 BRICKELL AVE  
 #2804  
 MIAMI FL 33129

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 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

*Ramiro Ontaneda*  
 REGISTERED AGENT MUST SIGN

Date 11-15-99

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:

*Ramiro Ontaneda*  
 REGISTERED AGENT MUST SIGN  
 RAMIRO ONTANEDA

Date 11-15-99

Daytime Phone # (305)694-3137