

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

**CORPORATION
REINSTATEMENT**



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

1 APR 17 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PG8000102608**

1. Corporation Name

TROPIC USA & ASSOCIATES, INC.

2. Principal Office Address

4262 S.W. 127 Place

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33175

Country

U.S.A.

3. Mailing Office Address

4262 S.W. 127 Place

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33175

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12-09-98

5. FEI Number

65-0889619

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

Craig R. Glasser, Esq.

Hagen & Hagen, P.A.

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

3531 Griffin Road

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33312

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

Craig R. Glasser

REGISTERED AGENT MUST SIGN

Date **3/15/01**

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
P,D	Alfredo Leyva	4262 S.W. 127 Place	Miami, FL 33175

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO LEYVA

3/15/01

Date

Daytime Phone #

CR2E081 (9/00)

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LAW OFFICES

HAGEN & HAGEN, P.A.

ATTORNEYS AND COUNSELORS AT LAW

3531 GRIFFIN ROAD • FT. LAUDERDALE, FLORIDA 33312

MAX M. HAGEN♦♦
KEVIN L. HAGEN†♦
CRAIG R. GLASSER*
*OF COUNSEL

TELEPHONE: (954) 987-0515
TELEFACSIMILE: (954) 964-3764
www.HagenLawFirm.com

♦ ADMITTED TO U.S. SUPREME COURT
▼ ALSO ADMITTED TO TENNESSEE BAR
† ADMITTED TO 11TH CIRCUIT COURT OF APPEALS
◆ ADMITTED TO U.S. DISTRICT COURT FOR SO. DIST. OF FLORIDA

PLEASE REFER TO
OUR FILE #

4397-3

March 21, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

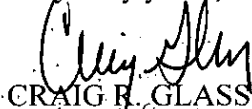
Re: Tropic U.S.A. & Associates, Inc.

Dear Sir or Madam:

Enclosed please find an Application for Corporation Reinstatement and check in the amount of Six Hundred Dollars (\$600.00) for the above referenced corporation. It is our understanding that the corporation was administratively dissolved on September 24, 1999 for failure to file an Annual Report. We would request a waiver of the past due annual report and corporate supplemental fees due to our client's failure to receive the annual reports during the relevant time period. The corporate documents were never received as the corporation moved locations several times since the initial filing and the annual reports were not forwarded. Additionally, the accountant that was responsible for maintaining the corporate records is no longer practicing in the area and his current whereabouts are unknown. As a result, the annual reports were not filed and it was only recently discovered that the corporation had, in fact, been administratively dissolved. Based on the foregoing, it is requested that the remaining fees be waived and the corporation be reinstated. Thank you for your consideration.

If you have any question, or require additional information, please do not hesitate to contact the undersigned.

Very truly yours,



CRAIG R. GLASSER, ESQ.

CRG:gc

cc: Alfredo Leyva

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 26, 2001

TROPIC USA & ASSOCIATES, INC.
4262 S.W. 127TH PLACE
MIAMI, FL 33175

SUBJECT: TROPIC USA & ASSOCIATES, INC.
Ref. Number: P98000102608

We have received your document for TROPIC USA & ASSOCIATES, INC. and check(s) totaling \$600.00. However, your check(s) and document are being returned for the following:

Due to the contents of your letter, we are able to grant a onetime fee waiver at this time. Please return the enclosed document and your letter along with the fees of \$450.00 to our office for processing

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather
Document Specialist

Letter Number: 401A00018055