

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 12 PM 4:00

DOCUMENT # **099000057984**

1. Corporation Name

Tropic Star Landscaping Inc
4551 NE 15 Ave
Ft Lauderdale FL 33309

2. Principal Office Address

4551 NE 15 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

City & State

Zip

33309

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-24-99

5. FEI Number

65-0941265

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

Nicholas Marchand

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

4551 NE 15 Ave

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33309

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

(X) Nicholas P. Marchand

REGISTERED AGENT MUST SIGN

Date

Feb 5, 02

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/T/S	Nicholas Marchand	4551 NE 15 Ave	Ft Lauderdale FL 33309

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:

(X) Nicholas P. Marchand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 5, 02 (958) 772-3777

Daytime Phone #

CR2E081 (9/01)