

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

01 MAY -8 PM 5:58

DOCUMENT # P 99000063566

1. Corporation Name **Tropic Juices, INC.**

2. Principal Office Address

13116 SW 128 St

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33186

Country

DADE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

July 16, 1999.

5. FEI Number

65-6934006.

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

IVAN Linton.

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

13116 SW 128 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

Ivan Linton

REGISTERED AGENT MUST SIGN

Date

5/04/01.

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	IVAN Linton.	13742 SW 145 St Miami, FL 33186	Miami FL 33186
S/D	Dawn Linton	13742 SW 145 St Miami	Miami FL 33186

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

Ivan Linton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/01.

Daytime Phone #

305-232-3267.