

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 14 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000080403

1. Corporation Name

H2O Tropical Designs, Inc

2. Principal Office Address

1526 NE 110th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1526 NE 110th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33161

Country

USA

Zip

33161

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/3/99

5. FEI Number

65-0952730

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

Harlan Betts

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

1526 NE 110th Street

Suite, Apt. #, Etc.

DE

City

Miami

State

FL

200003891162--2

03/21/01-01104-009

***150.00 ***150.00

200003891162--2

03/21/01-01104-010

***150.00 ***150.00

33161

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

Harlan Betts

REGISTERED AGENT MUST SIGN

Date

3/14/01

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
Pres	Harlan Betts	1526 NE 110th Street	Miami, Florida 33161
			DO-01 4B2

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:

Harlan Betts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

Daytime Phone #

CR2E081 (9/00)

March 8, 2001

To Whom It May Concern:

I am writing to request a one time waiver of the corporation reinstatement fees for the following three corporations- Harlan Management & Development Inc, J&H Contractors Inc, and H2O Tropical Designs Inc. My client, Harlan Betts, is the president and owner of all three corporations which were all incorporated in 1999. My client recently applied for workers' compensation insurance and was informed that his corporations had been dissolved. He never received the corporation annual reports and was unaware that he needed to renew his corporations on an annual basis. Attached to this letter are corporation reinstatement forms for all three corporations and checks for \$150.00 for all three corporations for both the year 2000 and 2001. My client is an honest and hard working person who pays all applicable taxes and fees on time. In the future, please mail all corporation annual reports to the address on the corporation reinstatement forms. Thank you in advance for your assistance and please don't hesitate to contact me with any questions you might have at (305) 653-7350.

Sincerely,



Andrew Socol
Certified Public Accountant