

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 13 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110855

1. Corporation Name

TROPICAL VENTURE, INC.

2. Principal Office Address

1700 NW 7TH STREET

3. Mailing Office Address

1700 NW 7TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33125

Country

MIAMI-DADE

Zip

33125

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/2000

5. FEI Number

65-0977531

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

AMPARO MARTINEZ

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

525 NW 27TH AVENUE

400003485614-2

-12/05/00-01013-012

Suite, Apt. #, Etc.

208

****150.00 ****150.00

City

MIAMI

State

FL

Zip Code

33125

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

Amparo Martinez
REGISTERED AGENT MUST SIGN

Date 11/08/2000

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
PSDT	AMPARO MARTINEZ	509 SW 113TH AVENUE	MIAMI, FL 33174
ISD	JOSE A. MARTINEZ	15743 SW 102ND LANE	MIAMI, FL 33196

00 UBR 178

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

AMPARO MARTINEZ 11/08/00 (305)631-9199

Date

Daytime Phone #

AFFIDAVIT

MIAMI, FLORIDA

OCTOBER 27TH, 2000

TO: FLORIDA DEPARTMENT OF STATE

FROM: TROPICAL VENTURE, INC.
D/B/A BOWL BAR & PACKAGE
1700 NW 7TH STREET
MIAMI, FL 33125

RE: DOCUMENT #P99000110855

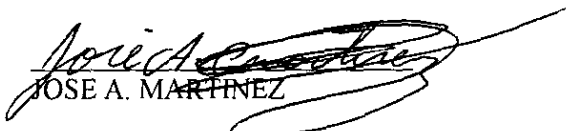
THIS IS TO EXPLAIN THE REASON FOR NOT FILING THE ANNUAL REPORT ON TIME

ON MARCH 10TH, 2000, AT 6:08 AM, THERE WAS A FIRE IN THE BUSINESS, AS YOU CAN SEE IN THE ATTACHED COPIES OF THE FIRE INCIDENT REPORT FROM THE CITY OF MIAMI FIRE DEPARTMENT. WE STARTED TO CARRY OUT REPAIRS TO THE DAMAGE THAT THIS FIRE CAUSED, AND THE BUSINESS REMAINED CLOSED, THEN, ON MARCH 21ST, 2000, AT 5:18 AM THERE WAS ANOTHER FIRE WHICH CAUSED EVEN MORE SEVERE DAMAGES THAN THE FIRST ONE. THIS TIME THE REPAIRS TO THE BUILDING TOOK MORE TIME AND THE BUSINESS WAS CLOSED UNTIL SEPTEMBER 2000, WHEN WE RESUMED LIMITED OPERATIONS.

DUE TO THE GENERAL DISRUPTION OF THE BUSINESS OPERATION, THE FORM TO FILE THE ANNUAL REPORT WAS LOST IN THE FIRE AND I DID NOT REALIZED THAT THE DATELINE TO FILE HAD PAST.

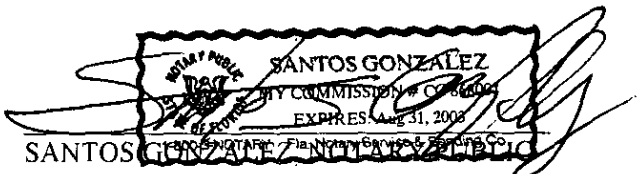
I AM ASKING THAT YOU PLEASE ACCEPT THE ENCLOSED CHECK FOR \$150.00 IN PAYMENT OF THE ANNUAL FEE

RESPECTFULLY


JOSE A. MARTINEZ

THE FOREGOING WAS ACKNOWLEDGED BEFORE ME THIS OCTOBER 27TH, 2000 BY JOSE A. MARTINEZ, WHO IS PERSONALLY KNOWN TO ME.

SEAL


SANTOS GONZALEZ
NOTARY PUBLIC
FLORIDA
MY COMMISSION # 0088004
EXPIRES Aug 31, 2003
SANTOS GONZALEZ Notary Services & Records Co.