

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 24 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S27856**

1. Corporation Name

BIJAN TROPICALS, INC.

W99-29709

Principal Place of Business

Mailing Address

18975 SW 224 Street
Miami, FL 33170

18975 SW 224 Street
Miami, FL 33170

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **98-02**
FOR DEPOSIT ONLY
FILED OF STATE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0243350

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Reza Kalantari	18975 SW 224 Street	Miami, FL 33170 300003119528--9 -02/01/00--01133--004 *** #900 100003119631--3 -02/01/00--01133--005 ****150.00 ****150.00 700003119647--3 -02/01/00--01133--006 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

Reza Kalantari
18975 SW 224 Street
Miami, FL 33170

9. Name and Address of New Registered Agent

Name

Robert Carlson PA

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

15600 SW 288 Street

Suite, Apt. #, Etc.

Suite 305

City

Homestead

State

FL

Zip Code

33033

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Robert E. Carlson

REGISTERED AGENT MUST SIGN

Date 1-18-2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.27.99

Date

305.248.4169

Daytime Phone #