

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 AUG 26 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V69453

1. Corporation Name

Tropicana Village Development Corp.

2. Principal Office Address

1498 W. 84th Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip 33014

Country

Miami-Dade

3. Mailing Office Address

1498 W. 84th Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33014

Country

Miami-Dade

REINSTATEMENT 01-02

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

10/5/1992

5. FEI Number

65-0394270

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

ROSE ANN LOVELL

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

1498 W. 84th Street

Suite, Apt. #, Etc.

City

Hialeah,

State
FL

Zip Code
33014

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

Rose Ann Lovell

REGISTERED AGENT MUST SIGN

Date 8/21/02

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/D	Lovell, R.A.	1498 W. 84th Street, Hialeah, FL 33014	Hialeah, FL 33014
S/T/D	Lovell, H.B.	1498 W. 84th Street	Hialeah, FL 33014

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:

Rose Ann Lovell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/02
Date

305 821-1331
Daytime Phone #

CR2E081 (9/01)

js 8/21/02