

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 JUL 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

7/19

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 00000004705

1. Limited Liability Company's Name

TROPICAL WAREHOUSE, L.L.C.

2. Principal Office Address

105 26TH ST. OCEAN

Suite, Apt. #, etc.

3. Mailing Office Address

105 26TH ST., OCEAN

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

04/24/00

City & State

MARATHON FL

City & State

MARATHON, FL.

Zip

33050

Country

MONROE

Zip

33050

Country

MONROE

6. FEI Number

65-1070456

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MICHAEL RAY FREEMAN

500039301095

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

105 26TH STREET, OCEAN

07/19/04 01032 002 **200.00

Suite, Apt. #, Etc.

City

MARATHON

State

FL

Zip Code

33050

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Michael Inumow

Date 7-13-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	MICHAEL RAY FREEMAN	105 26TH ST., OCEAN	MARATHON, FL 33050
VP	GREG CALDIRON	4 KYLE WAY EAST	MARATHON, FL 33050

REINSTATEMENT

2003-
2004-

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Michael Inumow

Date 7-15-04

Daytime Phone #

305-731-0025

Typed or printed name of signing Managing Member/Manager

MICHAEL RAY FREEMAN

CR2E041 (10/02)