1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002 LLC
~~CORPORATION~~
~~REINSTATEMENT~~
UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 22 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002788

1. Corporation Name

Tropicart, L.L.C.

BK

2. Principal Office Address		**3.** Mailing Office Address	
65 King Street		65 King Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
St. Augustine, FL		St. Augustine, FL	
Zip	Country	Zip	Country
32084	U.S.	32084	U.S.

4. Date Incorporated or Qualified To Do Business in Florida: May 1999

5. FEI Number: 59-3579420 ☐ 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

400008520254
10/22/02--01111--006 **15.00

Name: Dennis L. Blackburn

Street Address (P.O. Box Number is Not Acceptable): ~~6620 Southpoint Drive, South~~ 5150 Belfort Rd South

Suite, Apt. #, Etc.: ~~Southpoint Bldg., Suite 200~~ Building 500

City: Jacksonville | State: FL | Zip Code: 32256

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: Dennis L. Blackburn — Date: 10/21/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
MGR	Sweeney, William F.	12445 Old Still Court	Ponte Vedra, FL 32082
MGR	Sweeney, Linda	12445 Old Still Court	Ponte Vedra, FL 32082
MGR	Weeks, William C., Jr	860 Red Fox Trail	St. Augustine, FL 32086
MGR	King-Weeks, A. Karen	860 Red Fox Trail	St. Augustine, FL 32086

2002 LLC UBR

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: A. Karen King-Weeks / A. Karen King-Weeks — 10/21/02 — 904-797-0453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

L99000022882

SIGNATURE GALLERY

October 21, 2002

Tropicart, L.L.C.
dba James Coleman Signature Gallery
65 King Street
St. Augustine, FL 32084

FILED
02 OCT 22 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs,

Our uniform business report was apparently mailed to our registered agent who is not actively working with our corporation. His office may have forwarded the information to us, but I did not receive the application. In preparing some other documents for our corporation, we realized we missed the deadline and our corporation was dissolved on October 4, 2002. If you could help us in this matter it would be greatly appreciated. I contacted your office and was told to download the application and enclose a check for $150.00 with a letter explaining the situation to get our corporation reinstated.

Please change or let me know how to change our registered agent to:

Mark A. Reinsch
2700 Lake Shore Blvd.
Jacksonville, FL 32210
Phone: 904-384-8001

Sincerely,

Karen King-Weeks

Karen King-Weeks
Tropicart, L.L.C.
904-797-0653