2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2004
Secretary of State

DOCUMENT# P97000027333

Entity Name: TROPICAL DECKS & COATINGS, INC.

Current Principal Place of Business:

802 HEMLOCK DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

802 HEMLOCK DRIVE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3435603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEMONS, MURRAY
802 HEMLOCK DRIVE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEMONS, MURRAY
Address: 802 HEMLOCK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: ST ( ) Delete
Name: LEMONS, WENDY L
Address: 802 HEMLOCK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEMONS, MURRAY
Address: 802 HEMLOCK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D VP (X) Change ( ) Addition
Name: LEMONS, WENDY L
Address: 802 HEMLOCK DRIVE
City-St-Zip: APOPKA, AP 32712

Title: DS ( ) Change (X) Addition
Name: LEMONS, TIMOTHY
Address: 802 HEMLOCK DRIVE
City-St-Zip: APOPKA, AP 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MURRAY LEMONS D, P 11/02/2004

Electronic Signature of Signing Officer or Director — Date