

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SEC. DIVISION  
06 OCT 30 PM 2:05

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 180050**

1. Corporation Name  
**Tropical Tiles, Inc.**

**REINSTATEMENT 99-06**

2. Principal Office Address <b>184 Bahama Blvd.</b>		3. Mailing Office Address <b>184 Bahama Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Cocoa Beach, FL</b>		City & State <b>Cocoa Beach, FL</b>	
Zip <b>32931</b>	Country <b>U.S.</b>	Zip <b>32931</b>	Country <b>U.S.</b>

4. Date Incorporated or Qualified To Do Business in Florida **8/12/54**

5. FEI Number **59 0719650**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name  
**WHHW, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**390 North Orange Avenue**

Suite, Apt. #, Etc.  
**15th Floor**

City  
**Orlando**

State  
**FL**

Zip Code  
**32801**

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 *[Signature]* **U.P.** Date **10/27/06**

REGISTERED AGENT MUST SIGN

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/S/T/D	<b>Richard H. Corry</b>	<b>10 Manor Lane</b>	<b>Bridgeton, NJ 08302</b>

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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 contained in Chapter 119, 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: *[Signature]* **Richard H. Corry** Date **10/25/06** Daytime Phone # **(856)455-1098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR