

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/21/06--01015--021 \*\*2400.75

REINSTATEMENT 9506

|   |                |  |                |
|---|----------------|--|----------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>  |                |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                |
| <b>DOCUMENT # 223287</b>  |                |  |                |
| <b>1. Corporation Name</b><br><b>TROPICAL ISLES INC</b>                                   |                |  |                |
| <b>2. Principal Office Address</b><br><b>6250 White Clover Cir</b><br>Suite, Apt. #, etc. |                | <b>3. Mailing Office Address</b><br><b>6250 White Clover Cir</b><br>Suite, Apt. #, etc.  |                |
| <b>City &amp; State</b><br><b>BRADENTON, FL</b>   |                | <b>City &amp; State</b><br><b>BRADENTON, FL</b>  |                |
| <b>Zip</b><br><b>34202</b>  | <b>Country</b> | <b>Zip</b><br><b>34202</b>   | <b>Country</b> |

|   |  |
|---|--|
| <b>4. Date Incorporated or Qualified<br/>To Do Business in Florida</b><br><b>05/04/1959</b>   |  |
| <b>5. FEI Number</b><br><b>59-6068365</b>   | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required<br/>for a Certificate of Status</b> |  |

|   |                           |                                 |
|---|---------------------------|---------------------------------|
| <b>7. Name and Address of Current Registered Agent</b>                                |                           |                                 |
| <b>Name</b><br><b>RICHARD LUNDGREN</b>  |                           |                                 |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br><b>7600 SW 69 STREET</b> |                           |                                 |
| <b>Suite, Apt. #, Etc.</b>  |                           |                                 |
| <b>City</b><br><b>Palmetto Bay</b>  | <b>State</b><br><b>FL</b> | <b>Zip Code</b><br><b>33157</b> |

|   |                                   |
|---|-----------------------------------|
| <b>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.</b> |                                   |
| <b>Signature of<br/>Registered Agent</b><br><i>Richard Lundgren</i>   | <b>Date</b><br><b>Feb 9, 2006</b> |
| <b>REGISTERED AGENT MUST SIGN</b>   |                                   |

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> |  |   |                           |
| <b>Titles</b>  | <b>Name of<br/>Officers and/or Directors</b> | <b>Street Address of Each<br/>Officer and/or Director</b> | <b>City / State / Zip</b> |
| DP   | BARBARA LIPCHAK                              | 6250 White Clover Cir                                     | BRADENTON, FL 34202       |
| DS   | RICHARD LUNDGREN                             | 7600 SW 69 ST   | PALMETTO BAY, FL<br>33157 |
|  |  |   |                           |
|  |  |   |                           |
|  |  |   |                           |
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|--|-----------------------------------|
| <b>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.</b> |                                   |
| <b>SIGNATURE:</b><br><i>Richard Lundgren</i>   | <b>Date</b><br><b>Feb 9, 2006</b> |
| <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>  | <b>Daytime Phone #</b>            |