

2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2005 OCT 21 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182005 REIN-P CR2E098 (6/04)

DOCUMENT # 695924					
1. Entity Name EL MAR TROPIC RANCH, INC.					
Principal Place of Business 4560 EL MAR DRIVE LAUDERDALE-BY-THE-SEA, FL 33308 US			Mailing Address 4560 EL MAR DRIVE LAUDERDALE-BY-THE-SEA, FL 33308 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2110216	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLEN, JOSEPH P ESQ 2929 E. COMMERCIAL BLVD. PH-C FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, RALPH		NAME		
STREET ADDRESS	288 EASTFORD RD		STREET ADDRESS		
CITY-ST-ZIP	SOUTHBRIDGE, MA 01550		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLS, JOHN		NAME		
STREET ADDRESS	124 BRIARCLIFF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ST CHARLES, MO 63301		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGHERTY, RUTH		NAME		
STREET ADDRESS	4875 SHERBURN LANE, UNIT L		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40207		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TODD, JOHN J		NAME		
STREET ADDRESS	6689 ARGENTA TRAIL W.		STREET ADDRESS		
CITY-ST-ZIP	INNER GROVE HIGHTS, MN 55077		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIAN, JOHN		NAME		
STREET ADDRESS	8 WOODMONT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE, NJ 08648		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John J. Todd, Sec.</u>			Date: <u>10/19/05</u> 694-722-3910		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

10/19/05