

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 695924</b>	
1. Entity Name <b>EL MAR TROPIC RANCH, INC.</b>	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 15 PM 4:03

Principal Place of Business <b>4560 EL MAR DRIVE LAUDERDALE-BY-THE-SEA, FL 33308 US</b>	Mailing Address <b>4560 EL MAR DRIVE LAUDERDALE-BY-THE-SEA, FL 33308 US</b>
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**REINSTATEMENT** 06



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11132006 REIN-P CR2E098 (11/05)

4. FEI Number <b>59-2110216</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>MULLEN, JOSEPH P ESQ 2929 E. COMMERCIAL BLVD. PH-C FORT LAUDERDALE, FL 33308</b>	

7. Name and Address of New Registered Agent	
Name <b>Elizabeth A. Bosley</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4560 El Mar Drive</b>	
City <b>Lauderdale By The Sea FL</b>	Zip Code <b>33308</b>

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 <b>Elizabeth A. Bosley</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <b>11-13-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, RALPH 288 EASTFORD RD SOUTHBRIDGE, MA 01550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NICHOLS, JOHN 124 BRIARCLIFF DRIVE ST CHARLES, MO 63301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGHERTY, RUTH 4875 SHERBURN LANE, UNIT L LOUISVILLE, KY 40207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TODD, JOHN J 6689 ARGENTA TRAIL W. INNER GROVE HIGHTS, MN 55077 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIAN, JOHN 8 WOODMONT DRIVE LAWRENCEVILLE, NJ 08648 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300081816059</b> <b>11/15/06--01047--001 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
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SIGNATURE: <b>John J Todd</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>11-13-06</b> <small>Date</small>	DAYTIME PHONE <b>651-454-1113</b> <small>Daytime Phone #</small>
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