


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 03 OCT 22 AM 9:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L90598
 1. Corporation Name
 SIMPLY TROPICS, INC.

2. Principal Office Address
 287 SULKY WAY
 Suite, Apt. #, etc. —

3. Mailing Office Address
 287 SULKY WAY
 Suite, Apt. #, etc. —

City & State
 WEST PALM BEACH, FL. WEST PALM BEACH, FL.

Zip Country
 33414 U.S.A. 33414 U.S.A.

4. Date incorporated or Qualified To Do Business in Florida 07-18-1990

5. FEI Number 65-0212101 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name HARBANS JAIN

Street Address (P.O. Box Number is Not Acceptable) 287 SULKY WAY

Suite, Apt. #, Etc. —

City WEST PALM BEACH, FL. State FL Zip Code 33414

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 *H.L. Jain* (H.L. Jain) Date 09/26/03

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	HARBANS JAIN	287 SULKY WAY	W. PALM BEACH, FL. 33414
VP	PARVEEN JAIN	287 SULKY WAY	W. PALM BEACH, FL. 33414
S/T	NEAL JAIN	1319 MONTERAY WAY	W. PALM BEACH, FL.

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 under section 119.07(3)(i), 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: *H.L. Jain* (H.L. Jain) HARBANS L. JAIN Date 09/26/03 (561) 793-8518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)