

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -9 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L0000004705**

1. Limited Liability Company's Name

Tropical Warehouse, L.L.C.

2. Principal Office Address

40 Kyle Way East

Suite, Apt. #, etc.

3. Mailing Office Address

40 Kyle Way East

Suite, Apt. #, etc.

City & State

Marathon, FL

City & State

Marathon, FL

Zip

33050

Country

USA

Zip

33050

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

4/24/00

6. FEI Number

65-1070456

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Franklin D. Greenman, Esq.

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

5800 Overseas Highway, Ste 40

Suite, Apt. #, Etc.

City

Marathon

State

FL

Zip Code

33050

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	Michael Ray Freeman	5800 Overseas Hwy, STE16	Marathon, FL 33050
VP	Greg Coldiron	4 Kyle Way E	Marathon, FL 33050

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Michael Freeman

Date **11-1-01**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Michael Freeman**