PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 05 DEC -7 AH 9: 47 REINSTATEMENT DIVISION OF CORPORATIONS 1,00000015095 DOCUMENT # 1. Limited Liability Company's Name ROPICALLC CR2E041 (8/05) 2. Principal Office Address 3. Mailing Office Address Bimini Rd 4948 Bimini Nd 4942 State/Country of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida eaucsta, ti eaucsta, FI Applied For Not Applicable \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED L for a Certificate of Status 8. Name and Address of Current Registered Agent Name aun Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Zip Code State Teauesta 346 FL 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 Date _11-29-05 Registered Agent REGIS **ERED AGENT MUST SIGN** Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip 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 Date 11-29-05 Daytime Phone # 561-748-499 2 Managing Member/Manager

Typed or printed name of signing Managing Member/Manager