

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



DIVISION OF CORPORATIONS

1. DOCUMENT # L01000009591

Name and Mailing Address

0003091 01 AT 0.292 \*\*AUTO T4 0 0615 32771-648393



TROPICAL VENTURES LLC  
293 MEADOW BEAUTY TERRACE  
SANFORD FL 32771-6483

FILED  
03 OCT 21 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/14/2001	
Principal Place of Business 293 MEADOW BEAUTY TERRACE SANFORD FL 32771	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3731464	Applied For Not Applicable
8. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVE. SUITE 201 ORLANDO FL 32802		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <u>[Signature]</u> <b>SIGNATURE REQUIRED</b> Date <u>10-15-03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LUPORI, JEAN PIERRE	293 MEADOW BEAUTY TERRACE	SANFORD FL 32771

12. 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 [Signature] **SIGNATURE REQUIRED** Date 10-15-03 Daytime Phone # 407-302 4094

Typed or printed name of signing Managing Member/Manager.

CR2E084 (7/03)