

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 21 AM 11:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 402000003267

1. Limited Liability Company's Name

Tropical Moving and Storage, L.L.C.

2. Principal Office Address

1600 N. Harbor City Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

452 Wentthrop Circle

Suite, Apt. #, etc.

City & State

Melbourne FL 32935

City & State

Rockledge Florida

Zip

32935

Country

USA

Zip

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

02-08-2002

6. FEI Number

74-3027578

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mark VanAntwerp

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

452 Wentthrop Circle

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

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**

Mark VanAntwerp
REGISTERED AGENT MUST SIGN

Date

7-19-04

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
mgmr	MARK VANANTWERP	452 Wentthrop Circle	Rockledge FL. 32955
mgmr	JAN EVANS	4572 Sequoia Trail	Okemos Mich. 48864

REINSTATEMENT

*2003-
2004*

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**

Mark VanAntwerp

Date

7-19-04

Daytime Phone #

321-863-7631

Typed or printed name of signing Managing Member/Manager

MARK VANANTWERP