

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 FEB 12 AM 10:53

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 02/15/07--01040--021 **250.00

CR2E041 (1/07)

**LIMITED LIABILITY
 COMPANY
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L04000063590

1. Limited Liability Company's Name

Tropical Partners, LLC

2. Principal Office Address - No P.O. Box #
2184 Lois Blvd

3. Mailing Office Address
PO Box 238270

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Haven, FL

City & State
Port Orange, FL

Zip
33881

Country
US

Zip
32123

Country
US

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
8/26/2004

6. FEEL Number
20-2008152

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
Richard McCarthy

Street Address (P.O. Box Number is Not Acceptable)
2184 Lois Blvd

Suite, Apt. #, Etc.

City
Winter Haven

State Zip Code
FL 32118

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

AS

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 *Richard McCarthy*

Date **2-5-07**

REGISTERED AGENT MUST SIGN

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
<i>M</i>	The McCarthy Family, LLP	c/o Richard McCarthy; PO Box 238270	Port Orange, FL 32123
<i>M</i>	RHK Enterprises, Inc.	c/o Robert Kilinski; PO Box 5212	Navarre, FL 32566
<i>M</i>	Professional Development Systems, Inc.	c/o Kay Evens; 31 Ivy Chase	Atlanta, GA 30342
<i>M</i>	David Osborn	18383 Preston Road; Suite 150	Dallas, TX 75252

REINSTATEMENT
05-07

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 *Richard McCarthy*

Date **2-5-07**

Daytime Phone# **303-358-4888**

Typed or printed name of signing Managing Member/Manager **The McCarthy Family, LLP by Richard McCarthy**