PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 09 APR 28 PM 3: 06
DOCUMENT# LOSO00026691 1. Limited Liability Company's Name TROPICAL INVESTMENT LAND LLC		600153265196 04/28/0901040002 **660.00
2. Principal Office Address - No P.O. Box # 444 PATAINES CIRCU Suite, Apt. #, etc. City & State SAMSOTA Zip Country	Suite, Apt. #, etc. City & State S ARASO TA FC Zip Country	5. Date Organized or Qualified To Do Business in Florida 3/17/2005 6. FEI Number Applied For Not Applicable 7.
Street Address (P.O. Box Number is Not Acceptable) Yelf GARASSA City GARASSA State SARASSA State SARASSA State SARASSA State SARASSA State SARASSA State SARASSA		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.
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 Date 4/22/09 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Mer	mbers/Managers	
Titles Name of Managing Members/Managi	Street Address of Ea ers Managing Member/Mai	nager City / State / 2 p
MGR STOLAR CZYK, DA		CIRCUS SARASOFA FL34236
MGN STOLARCOIN, AL	ICJA, A 444 PARTRIDGE	CIRCLE SARASOFA FL 34236
REINSTATEMENT	1006 - 2009	·
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 Date 4122/59 Daytime Phone# 941-650 - 5626 Typed or printed name of signing Managing Member/Manager		