2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 01, 2009
Secretary of State

DOCUMENT# L05000045109

Entity Name: TROPIQUEST, L.L.C.

Current Principal Place of Business:

322 WOODS AVENUE
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

322 WOODS AVENUE
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 20-2841202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEAR, RALPH E
322 WOODS AVENUE
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RALPH E. SPEAR

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DEVROEDT, MARK
Address: 15360 N.E. 1ST COURT
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM ( ) Delete
Name: SPEAR, RALPH E
Address: 322 WOODS AVENUE
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM (X) Delete
Name: CANNAZZARO, NICHOLAS
Address: 116 ATLANTIC DRIVE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RALPH E. SPEAR MGRM 12/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date