## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L26708

FILED Dec 08, 2004 Secretary of State

Entity Name: LOTUS TROPICAL BONSAI, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5551 RIDGEWOOD DR STE 501 NAPLES, FL 34108 US			6188 JANES LANE NAPLES, FL 34109	US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
5551 RIDGI STE 501 NAPLES, F	EWOOD DR L 34108	us	1055 POMPEI LANE NAPLES, FL 34103	US	
FEI Number:	65-0154563	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
HOWARD L CROWN C/O GRANT FRIDKIN PEARSON ATHAN 5551 RIDGEWOOD DR STE 501 NAPLES, FL 34108 US			WILD, JOHN D VP 1055 POMPEI LANE NAPLES, FL 34103	US	
The above in the State		submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: JOHN D. WILD				12/08/2004	
Electronic Signature of Registered Agent			t	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( WILD, RICHA 1055 POMPE NAPLES, FL	I LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DST ( KIRBY, JAME 17800 PRONO ALVA, FL 993	GHORN ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DVP ( WILD, JOHN	) Delete D	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN D WILD DVP 12/08/2004

6329 PARKERS HAMMOCK RD

NAPLES, FL 34112

Address:

City-St-Zip: