

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N94000005746</b> 1. Entity Name <b>TROPICAL FARMS VOLUNTEER FIRE DEPARTMENT OF MARTIN COUNTY, FLORIDA, INC.</b>					
Principal Place of Business <b>8446 S.W. TROPICAL AVE. STUART, FL 34997</b>			Mailing Address <b>8446 S.W. TROPICAL AVE. STUART, FL 34997</b>		
2. Principal Place of Business <b>8446 SW Tropical Ave</b> Suite, Apt. #, etc. <b>Stuart, Fl</b>		3. Mailing Address <b>8446 SW Tropical Ave.</b> Suite, Apt. #, etc. <b>Stuart, Fl</b>		 05012006 REIN, NP CR2E099 (11/05) <b>05-06</b>	
City & State <b>Stuart, Fl</b>		City & State <b>Stuart, Fl</b>		4. FEI Number <b>59-2478659</b>	
Zip <b>34994</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARSONS, RODNEY C 50 SW BLACKBURN TERR #8 STUART, FL 34997</b>				7. Name and Address of New Registered Agent Name <b>Rob Shelt</b> Street Address (P.O. Box Number is Not Acceptable) <b>2441 SW Regency Road</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34997</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>5/3/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOETHEL, DOUG 2942 SW ST LUCZE LANE PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lavargna, Larry 2261 SW Riverside Dr. Palm City, Fl 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PARSONS, RODNEY C 50 SW BLACKBURN TERR., #8 STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Steve Abdella 130 SE Tahoe Terr Stuart, Fl 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRATES, MICHAEL J 1756 SW RANCH TRAIL STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Rob Shelt 2441 SW Regency Road Stuart, Fl 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; text-align: center;">05/24</div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>700075218787</b>  <b>05/25/06--01009--012 **122.50</b> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>5/3/06</b> <small>Date</small>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA