


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000046157		
1. Entity Name TROPICAL CHEESESTEAK, INC.		

Principal Place of Business 10305 GREENHEDGES DRIVE TAMPA, FL 33626	Mailing Address P.O. BOX 25452 TAMPA, FL 33622
---	--

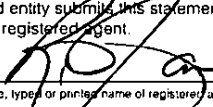
2. Principal Place of Business 12271 Lexington Park Dr Suite, Apt. #, etc. #303 TAMPA FL	3. Mailing Address Suite, Apt. #, etc. City & State Zip 33626 Country USA
---	--



4. FEI Number 59-3732308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


6. Name and Address of Current Registered Agent VANCE, ROY D 10305 GREENHEDGES DRIVE TAMPA, FL 33626

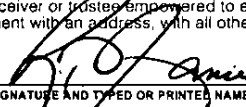
7. Name and Address of New Registered Agent Name VANCE Roy D. Street Address (P.O. Box Number is Not Acceptable) 12271 Lexington Park Dr Apt # 303 City Tampa FL Zip Code 33626
--

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 	DATE 12/12/06

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	(NOTE: Registered Agent signature required when reinstating)
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANCE, ROY D 10305 GREENHEDGES DRIVE TAMPA, FL 33626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANCE, PHILIP K 37335 CHURCH STREET DADE CITY, FL 33525 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VANCE Roy D. 12271 Lexington Park Dr #303 TAMPA FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700082740487 12/22/05--01029--009 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 12/18 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: 	DATE 12/12/06 (813) 746-8320

FILED
06 DEC 18 PM 1:33
TALLAHASSEE, FLORIDA