

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P0000084392**

1. Entity Name  
**TROPICAL ISLAND GOURMET CO.**



FILED  
05 MAY -9 PM 5: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 687 RIVERSIDE DR. PALM BEACH GARDENS, FL 33410	Mailing Address 687 RIVERSIDE DR. PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business <u>12321 Acapulco Ave.</u> Suite, Apt. #, etc. <del>Palm Beach Gardens Fl.</del> City & State <u>Palm Beach Gardens Fl.</u> Zip <u>33410</u> Country <u>U.S.A.</u>	3. Mailing Address <u>12321 Acapulco Ave.</u> Suite, Apt. #, etc. <del>Palm Beach Gardens Fl.</del> City & State <u>Palm Beach Gardens Fl.</u> Zip <u>33410</u> Country <u>U.S.A.</u>
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6. Name and Address of Current Registered Agent <b>HOWEY, WAYNE</b> 687 RIVERSIDE DR. PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name <u>Howey, Wayne</u> Street Address (P.O. Box Number is Not Acceptable) <u>12321 Acapulco Ave</u> City <u>Palm Beach Gardens</u> <b>FL</b> Zip Code <u>33410</u>	
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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 Wayne Howey Wayne Howey DATE 5-5-05

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWEY, WAYNE <input checked="" type="checkbox"/> Delete 687 RIVERSIDE DR. PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Howey, Wayne <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12321 Acapulco Ave. Palm Beach Garden, Fl. 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900054682529 05/17/05--01057--011 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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 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: Wayne Howey Wayne Howey DATE 5-5-05 DAYTIME PHONE # 561-385-0567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR