PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032477

1. Corporation Name
TROPICAL HEAT PRODUCTIONS, INC

REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
224 Datura Street	PO Box 1139
Suite, Apt. #, etc. #1112	Suite, Apt. #, etc. —
City & State WPB, FLA	City & State WPB, FLA
Zip 33401 Country USA	Zip 33402 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/26/01

5. FEI Number 65-1149723 ☐ Applied For ☐ Not Applicable

8. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Bruce I. Krantz
Street Address (P.O. Box Number is Not Acceptable): 1870 Forest Hill Blvd
Suite, Apt. #, Etc.: #211
City: West Palm Beach State: FL Zip Code: 3340

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10/31/02
REGISTERED AGENT MUST SIGN

CR2E060 (3/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Presp	Ricardo Raffington	224 Datura St #1112	W. Palm Bch, FL 33401
V/D	Clark Caplan	224 Datura St. #1112	W. Palm Bch, FL 33401

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11/01/02--01031--017 **750.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: R. Raffington Ricardo Raffington 10/31/02 561-820-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

js 11/1/02