

Tropic Isle Publishers, Inc.

CR2E031(7/97)

POST OFFICE BOX 281 ATLANTIC HIGHLANDS, NJ 07716-0	281
·	
	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
1	600004034046 —9 -04/20/0101006003
(Corporation Name)	(Document #) ***********************************
2.	
(Corporation Name)	(Document #)
2	
3. (Corporation Name)	(Document #)
4 (Corporation Name)	(Document #)
•	
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS ZE
☐ Profit	Amendment AFF PR
☐ Not for Profit	Resignation of R.A., Officer/Director 28
Limited Liability	
Domestication Other	Dissolution/Withdrawal Merger
	DECICED A TION (ON A LIEI CA TION OF TO
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
	Trademark W. Trademark
	Limited Partnership Reinstatement Trademark Other S. PAYNE APR 2 5 2004

Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

IN FLORIDA
Mopic Isle Publishers, Inc.
Delawace (Incorporated Under Laws Of)
(Incorporated Under Laws Of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.
P.O. Box 281 (Mailing Address)
Atlantic Highlands NJ07716-028
The corporation agrees to notify the Department of State in the future of any change in its mailing
address.
Signature of the chairman or vice chairman of the board.
president, or any officer. COOME SCHOOL 4/10/0/ For Exped or printed name Date
APR 20 LAHASS