2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 13 AM 9:07

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06082009 REIN-P CR2E098 (1/07)

DOCUMENT # P02000072845

1. Entity Name
TROPICAL SMOOTHIE OF BAY COUNTY LOCAL MARKETING CO-OP, INC.

Principal Place of Business	Mailing Address
1146 HARRISON AVE PANAMA CITY, FL 32401	1146 HARRISON AVE PANAMA CITY, FL 32401

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
504 West Hwy 390	P.O. Box 339
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lynn Haven, FL	City & State: Lynn Haven, FL
Zip: 32444 Country: Bay	Zip: 32444 Country: Bay

4. FEI Number: 61-1418502 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HESS, BRIAN D 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407	Name: Eren S. Sullivan Street Address (P.O. Box Number is Not Acceptable): 504 West Hwy 390 City: Lynn Haven FL Zip Code: 32444

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: Eren S. Sullivan President 6/8/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PROCTER, RALPH 8323 ELIZABETH AVE. PANAMA CITY BEACH, FL 32408	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600158437036 07/13/09--01075--009 **350.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PROCTER, LEA 8323 ELIZABETH AVE. PANAMA CITY BEACH, FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 05/11/09 01042-016 550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, ERIN P.O. BOX 339 LYNN HAVEN, FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PD Eren Sullivan P.O. Box 339 Lynn Haven, FL 32444
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENS, ROY 901 E 24 ST LYNN HAVEN, FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, ALAN 107 WINDRIDGE LN PANAMA CITY BEACH, FL 32413	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D Terri Grober 2238 Sa Martin Luther King Jr Blvd Panama City, FL 32405
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Eren S. Sullivan 6/8/09 850-271-2120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #