


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000090613					
1. Entity Name S & B TROPICS, INC.					
Principal Place of Business 8660 VIA PRESTIGIO E. WELLINGTON, FL 33414			Mailing Address 8660 VIA PRESTIGIO E. WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box # 1305 MYSTIC Way		3. Mailing Address 118 SHERIDAN AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WELLINGTON, FL.		City & State WILLISTON PARK		4. FEI Number 51-0425558	
Zip 33414		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEOLI, BENJAMIN J 8660 VIA PRESTIGIO E. WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name: MEOLI, BENJAMIN Street Address (P.O. Box Number is Not Acceptable): 1305 MYSTIC WAY City: WELLINGTON FL Zip Code: 33414		
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: <i>Benjamin Meoli</i> <small>Signature of registered agent and title if applicable.</small>			DATE: 3/26/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	PD <input checked="" type="checkbox"/> Delete MARINELLI, SALLY 8660 VIA PRESTIGIO E. WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit MARINELLI, SALLY 118 SHERIDAN AVE WILLISTON PARK, N.Y. 11596	
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FILED
08 APR -1 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

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: *Sally B. Marinelli* 3/26/08