

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000036810

Entity Name: TROPICAL TOILETS, INC.

FILED  
Oct 06, 2004  
Secretary of State

## Current Principal Place of Business:

417 NORTHLAKE DRIVE  
NORTH PALM BEACH, FL 33408 US

## New Principal Place of Business:

## Current Mailing Address:

417 NORTHLAKE DRIVE  
NORTH PALM BEACH, FL 33408

## New Mailing Address:

FEI Number: 02-1068488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OKOLICHANY, RONALD G  
417 NORTHLAKE DRIVE  
NORTH PALM BEACH, FL 33408 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OKOLICHANY, RONALD G  
Address: 417 NORTHLAKE DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VP ( ) Delete  
Name: MATTES, STEPHAN L  
Address: P.O. BOX 650441  
City-St-Zip: VERO BEACH, FL 32965

Title: SEC ( ) Delete  
Name: OKOLICHANY, CYNTHIA M  
Address: 417 NORTHLAKE DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TR ( ) Delete  
Name: OKOLICHANY, CYNTHIA M  
Address: 417 NORTHLAKE DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON OKOLICHANY

P

10/06/2004

Electronic Signature of Signing Officer or Director

Date