

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000049296 1. Entity Name TROPIC STEEMER, INC.		 <div style="text-align: right;"> FILED 07 MAY 18 AM 11:44 CLERK OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 11812 SW 13 ST MIAMI, FL 33184		Mailing Address 11812 SW 13 ST MIAMI, FL 33184	
2. Principal Place of Business - No P.O. Box # 15770 SW 90 Terr		3. Mailing Address 15770 SW 90 Terr	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami, FL	
Zip 33196		Zip 33196	
Country 		Country 	
4. FEI Number 32-0075188		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, OCTAVIANO A 11812 SW 13 ST MIAMI, FL 33184		7. Name and Address of New Registered Agent Name Perez Octaviano A. Street Address (P.O. Box Number is Not Acceptable) 15770 SW 90 Terr City Miami FL Zip Code 33196	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (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 D NAME PEREZ, OCTAVIANO A STREET ADDRESS 11812 SW 13 ST CITY-ST-ZIP MIAMI, FL 33184	<input type="checkbox"/> Delete	TITLE President NAME Perez, Octaviano A. STREET ADDRESS 15770 SW 90 Terr CITY-ST-ZIP Miami, FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME PEREZ, LILIANA P STREET ADDRESS 11812 SW 13ST CITY-ST-ZIP MIAMI, FL 33184	<input type="checkbox"/> Delete	TITLE Vicepresident P. NAME Perez, Liliana P. STREET ADDRESS 15770 SW 90 Terr CITY-ST-ZIP Miami, FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Asst Sec NAME Asst Sec STREET ADDRESS Asst Sec CITY-ST-ZIP Asst Sec	<input type="checkbox"/> Delete	TITLE 200103904642 NAME 06/05/07--01028--008 STREET ADDRESS **300.00 CITY-ST-ZIP **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Asst Sec NAME Asst Sec STREET ADDRESS Asst Sec CITY-ST-ZIP Asst Sec	<input type="checkbox"/> Delete	TITLE Asst Sec NAME Asst Sec STREET ADDRESS Asst Sec CITY-ST-ZIP Asst Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Asst Sec NAME Asst Sec STREET ADDRESS Asst Sec CITY-ST-ZIP Asst Sec	<input type="checkbox"/> Delete	TITLE Asst Sec NAME Asst Sec STREET ADDRESS Asst Sec CITY-ST-ZIP Asst Sec	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Daytime Phone # _____	