


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000051292		
1. Entity Name TROPICAL BREEZE GRADING, INC.		

FILED  
04 DEC -8 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 116 DOUGLAS AVE SARASOTA, FL 32958	Mailing Address 116 DOUGLAS AVE SARASOTA, FL 32958
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2. Principal Place of Business 116 DOUGLASS AVE Suite, Apt. #, etc.	3. Mailing Address P.O. Box 780333 Suite, Apt. #, etc.
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11012004 REIN-P CR2E098 (6/04)

City & State SEBASTIAN FL	City & State SEBASTIAN FL	4. FEI Number 65-1189613	Applied For Not Applicable
Zip 32958	Country INDIAN RIVER	Zip 32978	Country INDIAN RIVER

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GERARD, PRISCILLA S 830 SCENIC HWY S BABSON PARK, FL 33827	
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7. Name and Address of New Registered Agent Name: LINDA BAILEY Street Address (P.O. Box Number is Not Acceptable): 7753 QUEEN COURT City: LAKE WALES FL Zip Code: 33898	
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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>Linda Bailey - Bookkeeper</i>	DATE: 12/4/04

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINHEIRO, WILLIAM 116 DOUGLAS AVE SARASOTA, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINHEIRO, WILLIAM 116 DOUGLASS AVE SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>William D. Pinheiro</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 12/4/04 772-633-1145 Daytime Phone #