

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000114398

Entity Name: TROPIC AWNINGS, INC.

FILED
Oct 20, 2004
Secretary of State

Current Principal Place of Business:

6704 NW 82ND AVE.
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6704 NW 82ND AVE.
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-1206146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETANCOURT-SALMON, MONICA
6704 NW 82ND AVE.
MIAMI, FL 33166 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: D () Delete
Name: BETANCOURT-SALMON, MONICA
Address: 2991 SW 139TH TER.
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: DELCOURT, MICHEL
Address: 2000 TOWERSIDE TER., SUITE 1911
City-St-Zip: NORTH MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHEL DELCOURT

P

10/20/2004

Electronic Signature of Signing Officer or Director

Date