2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2005
Secretary of State

DOCUMENT# P04000120171

Entity Name: TROPICAL INSURANCE CENTER INC

Current Principal Place of Business:

3101 N HIMES AVE
B
TAMPA, FL 33607

New Principal Place of Business:

PO BOX 2207
SUN CITY, AZ 85372

Current Mailing Address:

PO BOX 19030
TAMPA, FL 33686

New Mailing Address:

PO BOX 2207
SUN CITY, AZ 85372

FEI Number: 42-1164113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEENAN, DEBORAH A
6910 INTERBAY BLVD
162
TAMPA, FL 33616 US

Name and Address of New Registered Agent:

GOODWIN, ROBIN C
7001 INTERBAY BLVD
TAMPA, FL 33616 US

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: ROBIN C GOODWIN 09/28/2005
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: KEENAN, DEBORAH A
Address: 6910 INTERBAY BLVD APT 162
City-St-Zip: TAMPA, FL 33616

Title: VP (X) Delete
Name: JUAN, ALARCO C
Address: 544 FIREFLY LANE
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KEENAN, DEBORAH A
Address: PO BOX 2207
City-St-Zip: SUN CITY, AZ 85372

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: DEBORAH A KEENAN P 09/28/2005
Electronic Signature of Signing Officer or Director Date