

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000121075

FILED
Oct 05, 2005
Secretary of State

Entity Name: TROPICAL LAW TITLE SERVICES CORPORATION

Current Principal Place of Business:

13899 BISCAYNE BLVD
205
NORTH MIAMI BEACH, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

13899 BISCAYNE BLVD
205
NORTH MIAMI BEACH, FL 33181 US

New Mailing Address:

FEI Number: 51-0519228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, KARLENE L
13899 BISCAYNE BLVD
205
NORTH MIAMI BEACH, FL 33181 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: KARLENE GRAY

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: GRAY, KARLENE L
Address: 13899 BISCAYNE BLVD # 205
City-St-Zip: MIAMI, FL 33181

Title: VP () Delete
Name: GRAY, KARLENE
Address: 13899 BISCAYNE BLVD# 205
City-St-Zip: MIAMI, FL 33181

Title: S () Delete
Name: GRAY, KARLENE
Address: 13899 BISCAYNE BLVD#205
City-St-Zip: MIAMI, FL 33181

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:

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: KARLENE GRAY

Electronic Signature of Signing Officer or Director

PRES

10/05/2005

Date