

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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**DOCUMENT # P04000138000**

1. Entity Name  
**TROPICAL SOURCING, INC.**



FILED

06 APR 10 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**19521 S.W. 308TH STREET  
HOMESTEAD, FL 33030**

Mailing Address  
**409 LYNN AVE  
HOMESTEAD, FL 33030**

2. Principal Place of Business  
**409 LYNN AVE**

Suite, Apt. #, etc.

3. Mailing Address  
**409 LYNN AVE**

Suite, Apt. #, etc.

City & State  
**Melbourne, FL**

City & State  
**Melbourne, FL**

Zip  
**32935**

Country  
**USA**

Zip  
**32935**

Country  
**USA**



**REINSTATEMENT** 05-186

6. Name and Address of Current Registered Agent  
**YOUNG, SHERON T  
19521 S.W. 308TH STREET  
HOMESTEAD, FL 33030**

409 LYNN AVE  
Melbourne, FL  
32935

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 [Signature] (NOTE: Registered Agent signature required when reinstating)

DATE 4/6/06

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

*\$1500 Cap Fee 2006*

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, SHERON T	
STREET ADDRESS	19521 S.W. 308TH STREET	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

600073723316  
05/02/06--01046--016 \*\*150.00

7/28/05 9003 021  
\$550.00

K. Eckel APR 12 2006

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: [Signature] DATE 4/6/06

*See Attached letter*

*321-704-0205*

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April 7, 2006

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Tropical Sourcing, Inc.

Dear Sirs:

Attached you will found my reinstatement form and \$ 150.00. I spoke with Debra Cooper in your reinstatement section this morning and this is what she told me to do.

I paid \$ 550.00 on July 22, 2005 my ck # 1023 , which Ms. Cooper said you did show this amount. ( \$ 150.00 plus \$400.00 last fee , 2005)

Due to Hurricane Katrina and Wilma in 2005 I did not receive any notice from your office. I also have moved 3 times since Hurricane Katrina hit South Florida. And now my principal address is :

Tropical Sourcing, Inc.  
409 Lynn Ave  
Melbourne, FL 32935  
321-704-0205 cell #  
[tropicalsourcing@aol.com](mailto:tropicalsourcing@aol.com) or/and [cariandsherri@aol.com](mailto:cariandsherri@aol.com)

Thank you for your help in this matter.

All things good,

  
Sheron Tanner Young  
President

CC: 2006 For Profit Corporation Resinstatment  
\$150.00 check