

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

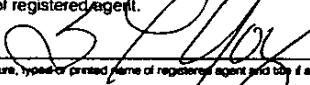
DOCUMENT # P04000138000		
1. Entity Name TROPICAL SOURCING, INC.		

Principal Place of Business 19521-S.W. 308TH STREET 409 LYNN AVE HOMESTEAD, FL 33030 Melbourne, FL 32935	Mailing Address 19521-S.W. 308TH STREET HOMESTEAD, FL 33030
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2. Principal Place of Business 409 LYNN Ave Suite, Apt. #, etc.	3. Mailing Address 409 LYNN Ave Suite, Apt. #, etc.
City & State Melbourne, FL Zip 32935	City & State Melbourne, FL Zip USA

6. Name and Address of Current Registered Agent YOUNG, SHERON T 19521-S.W. 308TH STREET 409 LYNN Ave HOMESTEAD, FL 33030 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
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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 

Signature, typed or printed name of registered agent and city if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 

FILE NOW!!! FEE IS \$300.00 	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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  YOUNG, SHERON T 409 LYNN Ave 19521-S.W. 308TH STREET HOMESTEAD, FL 33030 Melbourne, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	  6000073723316 05/02/06--01046--016 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	  7/28/05 9003 021 \$550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	  K. Ekel 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 another like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

See Attached letter

321-704-0205

FILED 

06 APR 10 AM 8:41

SUPERIOR COURT
TALLAHASSEE, FLORIDA



REINSTATEMENT

05-06

5. Certificate of Status Desired \$8.75 Additional Fee Required

4. FEI Number Not Applicable

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

2/2

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.

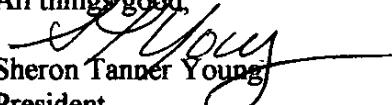
I paid \$ 550.00 on July 22, 2005 my ck # 1023 , which Ms. Cooper said you did show this amount. (\$ 150.00 plus \$400.00 last fee , 2005)

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@aoi.com or/and carlandsherri@aoi.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