

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000027025

**Entity Name:** TROPIFONGO 2, INC.

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3160 VINELAND ROAD  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

2940 ELBIB DRIVE  
SAINT CLOUD, FL 34772

**New Mailing Address:**

**FEI Number:** 20-4371749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENDEZ, YANIRA AGENT  
2940 ELBIB DRIVE  
SAINT CLOUD, FL 34772 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: YANIRA MENDEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPFS  
Name: MENDEZ CASTRO, SAMUEL  
Address: 2940 ELBIB DRIVE  
City-St-Zip: SAINT CLOUD, FL 34772

Title: STD  
Name: MENDEZ, KEVIN  
Address: 2940 ELBIB DRIVE  
City-St-Zip: SAINT CLOUD, FL 34772

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL MENDEZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPFS

10/04/2010

\_\_\_\_\_  
Date