

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000073249

Entity Name: LITTLE TROPIC RESTAURANT, INC.

FILED
Aug 28, 2008
Secretary of State

Current Principal Place of Business:

2027A NORTH DIXIE HWY
POMPANO BEACH, FL 33064

New Principal Place of Business:

2027 NORTH DIXIE HWY
POMPANO BEACH, FL 33060

Current Mailing Address:

2027A NORTH DIXIE HWY
POMPANO BEACH, FL 33064

New Mailing Address:

2027 NORTH DIXIE HWY
POMPANO BEACH, FL 33060

FEI Number: 20-4940138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINTIL, MOISE
3754 N ANDREWS AVE
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

HILAIRE, CARLA
5460 N STATE RD 7
108
FORT LAUDERDALE, FL 33319 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: CARLA HILAIRE

08/28/2008

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: SAINTIL, MOISE
Address: 3754 N ANDREWS AVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: VP () Delete
Name: VICTOR, SOLANGE
Address: 3754 N ANDREWS AVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELVA HILAIRE, NANCY
Address: 2027 NORTH DIXIE HWY
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: VP (X) Change () Addition
Name: HILAIRE, CARLA
Address: 2027 NORTH DIXIE HWY
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: TREA () Change (X) Addition
Name: DAZILE, SERGE
Address: 5460 NORTH STATE RD 7
City-St-Zip: FORT LAUDERDALE, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CARLA HILAIRE

VP

08/28/2008

Electronic Signature of Signing Officer or Director

Date