2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000045518

Entity Name: TROPICAL LIMOUSINE, INC

FILED Apr 29, 2009 Secretary of State

	THE THE LIT	VIO GOII VE, II VO					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
6155 NW ⁻ 110	186 STREET						
MIAMI, FL	33015						
Current Mailing Address:			New Maili	New Mailing Address:			
6155 NW ⁻ 110	186 STREET						
MIAMI, FL	33015						
FEI Number:	Number: FEI Number Applied For (X) FEI		FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
110 MIAMI, FL The above	186 STREET 33015 US	nits this statement for the p	ourpose of changing it	ts registered	office or registered agent, or	· both,	
SIGNATU	RE: ANA CASTILL	0					
	Electronic Si	gnature of Registered Age	ent		Date		
		o), F.S., the corporation did no	t receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () Dele BLAS, NICOLAS 6155 NW 186TH STF MIAMI, FL 33015		Title: Name: Address: City-St-Zip:		()Change ()Addition		
Title: Name: Address: City-St-Zip:	()Dele	te	Title: Name: Address: City-St-Zip:	BLASS, MIG	6 STREET #110		

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: NICOLAS BLAS P 04/29/2009