

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000062503

FILED
Nov 14, 2008
Secretary of State

Entity Name: TROPICAL BREEZE CAFE & ICE CREAM PARLOUR, INC.

Current Principal Place of Business:

14127 7TH ST
DADE CITY, FL 33525

New Principal Place of Business:

14016 7TH ST
DADE CITY, FL 33525

Current Mailing Address:

14127 7TH ST
DADE CITY, FL 33525

New Mailing Address:

14016 7TH ST
DADE CITY, FL 33525

FEI Number: 84-1702022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURNER, AMY
4909 ALLEN ROAD
ZEPHYRHILLS, FL 33541 US

Name and Address of New Registered Agent:

TURNER, AMY
38743 OTIS ALLEN RD
ZEPHYRHILLS, FL 33540 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: AMY TURNER

11/14/2008

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: GONZALEZ, EDNA
Address: 14127 7TH ST
City-St-Zip: DADE CITY, FL 33525

Title: VP () Delete
Name: GONZALEZ, LUIS
Address: 14127 7TH ST
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, EDNA
Address: 14016 7TH ST
City-St-Zip: DADE CITY, FL 33525

Title: VP (X) Change () Addition
Name: GONZALEZ, LUIS
Address: 14016 7TH ST
City-St-Zip: DADE CITY, FL 33525

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: EDNA GONZALEZ

P

11/14/2008

Electronic Signature of Signing Officer or Director

Date