

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P13000063368

**FILED**  
**Nov 06, 2014**  
**Secretary of State**

**Entity Name:** TROPICS CONTRACTING INC.

**Current Principal Place of Business:**

8751 COASTLINE CT #102  
NAPLES, FL 34120 US

**New Principal Place of Business:**

8751 COASTLINE CT  
102  
NAPLES, FL 34120 US

**Current Mailing Address:**

8751 COASTLINE CT #102  
NAPLES, FL 34120 US

**New Mailing Address:**

8751 COASTLINE CT  
102  
NAPLES, FL 34120 US

**FEI Number:** 46-3376067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARISH, THOMAS  
8751 COASTLINE CT #102  
NAPLES, FL 34120 US

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

PARISH, THOMAS H III  
8751 COASTLINE CT  
102  
NAPLES, FL 34120 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:** THOMAS H PARISH

11/06/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** PARISH, THOMAS H III  
**Address:** 8751 COASTLINE CT #102  
**City-St-Zip:** NAPLES, FL 34120 US

**Title:** DIR  
**Name:** PARISH, JAMES A  
**Address:** 9165 QUARTZ LN  
**City-St-Zip:** NAPLES, FL 34120 US

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:** THOMAS H PARISH

DIR

11/06/2014

Electronic Signature of Signing Officer or Director

Date