

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 JUN 28 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-04

800038281103
06/25/04--01039--004 **2100.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 093000041893

1. Corporation Name
Tropic Group, Inc.

2. Principal Office Address <u>900 Southern Blvd</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc.	
City & State <u>West Palm Beach</u>		City & State	
Zip <u>33405</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 94

5. FEI Number 65-0412993 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name John B. Barber

Street Address (P.O. Box Number is Not Acceptable)
7879 Seepurchase Dr

Suite, Apt. #, Etc.

City Palm Beach Gons. State FL Zip Code 33418

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent John B. Barber Date 6/22/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres.</u>	<u>John B. Barber</u>	<u>7879 Seepurchase Dr</u>	<u>Palm Beach Gons. FL 33418</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: John B. Barber Date 6/22/04 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)