2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000076191

Entity Name: TROPIX EXPRESS, INC.

FILED Oct 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5115 NW 17 TER HANGAR 39 B FORT LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

2501 S PALMAIRE DR 5115 NW 17 TER 203 HANGAR 39 B

POMPANO BEACH, FL 33069 FORT LAUDERDALE, FL 33309

FEI Number: 65-0468588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MURRAY, CASSANDRA M 5115 NW 17 TER HANGAR 39 B FORT LAUDERDALE, FL 33309 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: M CASSANDRA MURRAY

Electronic Signature of Registered Agent Date

City-St-Zip:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

FT. LAUDERDALE, FL 33326

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FT. LAUDERDALE, FL 33326 US

 Title:
 ST
 () Delete
 Title:
 ST
 (X) Change () Addition

 Name:
 SMITH, BETTY A
 Name:
 BURROWS, MICHELLE Y MRS

 Address:
 HIGH VISTA P O BOX N1641
 Address:
 174 ROGBY DR TWYNAM HEIGHTS

City-St-Zip: NASSAU BAHAMAS, City-St-Zip: NASSAU, BS 00000 BS

Title: DST () Delete Title: DST (X) Change () Addition Name: MURRAY, CASSANDRA M MRS
Address: 1125 FAIRFAX LANE DST (X) Change () Addition Name: MURRAY, CASSANDRA M MRS
1125 FAIRFAX LANE 1125 FAIRFAX LANE

Title: DP () Delete Title: DP (X) Change () Addition Name: PARISH, CHRISTINA R MS

Name: PARISH, CHRISTINA R
Address: 2501 S PALMAIRE DR APT 203
City-St-Zip: POMPANO BEACH, FL 33069
Name: PARISH, CHRISTINA R MS
Address: 2501 S PALMAIRE DR APT 203
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: DVP () Delete Title: DVP (X) Change () Addition BURROWS, ALAN J BURROWS, ALAN J MR Name: Name: Address: **EDEN ESTATE** Address: 174 ROGBY DR TWYNAN HEIGHTS City-St-Zip: NASSAU, BAHAMAS, City-St-Zip: NASSAU BAHAMAS, BS 00000 BS

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: M CASSANDRA MURRAY DST 10/21/2009