PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN ^T



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

FILED

OF THE LEGAL OF

SECRETARY OF STATE TALLAMASSEE, FLORIDA

DOCUMENT # P94000016387

1. Corporation Name

TROPICAL PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

1916 S. Orange Ave. Orlando, FL 32806

1916 S. Orange Ave. Orlando, FL 32806

If above addresses	are incorrect in any way, line t	hrough incorrect inform	ation and enter correction be	REINSTATEM	ENT 95-90
2. New Principal Office Address, If Applicable 407 Hillside Ct.		3. New Mailing Office Address, If Applicable 407 Hillside Ct.		Date Incorporated or Qualified To Do Business in Florida	03/02/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	X Applied For
City & State Melbourne, FL		City & State Melbourne, FL		6.	Not Applicable
Zip 32935	Country US	Zip 32935	Country US	CERTIFICATE OF STATUS DESIRED	

Street Address of Each

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

Title(s)	and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	Toler, George	407 Hillside Ct.	Melbourne, FL 32935
		40	00031055243 -01/21/0001002014
			***1350.00 ***1350.00

8. Name and Ad	gress of Cu	rrent Hegister	ea Agent

Name of Officers

Spiriti, Joseph A., Jr. 1001 S. Bayshore Drive

Suite 2410 --

Miami, FL 33131

9. Name and Address of New Registered Agent

Name

Toler, George

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

___407_Hillside Ct. Suite, Apt. #, Etc.

City

Melbourne.

State | Zip Code 32935

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

(See other side for information on intangible tax.)

12. 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 filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR