


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> FILED 97 NOV 21 PM 2:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # P95000023429					
1. Corporation Name TROPICAL TRIBUNE, INC.					
Principal Place of Business 1111 KANE CONCOURSE SUITE 211 BAY HARBOR ISLAND FL., 33154			Mailing Address 1111 KANE CONCOURSE SUITE 211 BAY HARBOR ISLAND FL., 33154		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">03/23/1995</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. EEI Number 65-0568284	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	CHETTY, DEE	1111 KANE CONCOURSE SUITE 211	BAY HARBOR ISLAND FL., 33154		
			3000002356583--8		
			-11/25/97--01044--001		
			****750.00 ****750.00		
<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">97</div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">SL 11-21-97</div>					
8. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL., 33134			9. Name and Address of New Registered Agent Name SPIEGEL & UTRERA P.A. DBA AMERILAWYER Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE Suite, Apt. #, Etc. City CORAL GABLES <div style="float: right;"> State FL Zip Code 33134 </div>		
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 By: <i>Natalia Utrera</i> Natalia Utrera, Vice President <div style="float: right;">Date _____</div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Dee Chetty</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (12/95)