

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P95600043698
Tropical Passions Inc

2. Principal Office Address

19101 NE 18 Ave
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

N. Miami Beach

City & State

Zip

33179

Country

USA

Zip

Country

REINSTATEMENT

97-02

4. Date Incorporated or Qualified
To Do Business in Florida

06-07-1995

5. FEI Number

650593840

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

Roger C Farrell

300005073613-8

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

03/08/02 01065 108

***1208.75 ***1208.75

Suite, Apt. #, etc.

19101 NE 18 Ave

City

N. Miami Beach

State

FL

Zip Code

33179

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

Roger C Farrell

REGISTERED AGENT MUST SIGN

Date 02-28-02

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
PSTV	Roger C Farrell	19101 NE 18 Ave	N. miami Beach FL 33179
D	Roger C Farrell	19101 NE 18 Ave	N. Miami Beach FL 33179

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 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:

Roger C Farrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-02

Date

Daytime Phone #