


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILLED

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000043698 1. Corporation Name Tropical Passions, Inc.			
2. Principal Office Address 19101 NE 18 Ave		3. Mailing Office Address 19101 NE-18 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Miami FL		City & State North Miami FL	
Zip 33179	Country	Zip 33179	Country

02 MAY 23 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1208.75 ***1200.00

REINSTATEMENT 099-02

4. Date Incorporated or Qualified To Do Business in Florida		1994
5. FEI Number	Applied For	
65-0593840	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name Roger C Farrell			
Street Address (P.O. Box Number is Not Acceptable) 19101 NE 18 Ave			
Suite, Apt. #, Etc.			
City North Miami		State FL	Zip Code 33179

1050.00-Adm
61.25-AR
88.75-AR SUPP

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 Date: 05-20-02

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
D	Roger C Farrell	19101 NE 18 Ave	North Miami, 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 Date: 05-20-02 Daytime Phone #: 305-318-2718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E81 (9/01)