

2006 FOR PROFIT CORPORATION
REINSTATEMENT

ST:TT 9002-S0-01

DOCUMENT # P97000082639

1. Entity Name
TROPICAL BODY SHOP, INC.



FILED

06 OCT -9 PM 2:29

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O HECTOR L. SANTANA
1488 DR. MARTIN LUTHER KING BLVD
RIVIERA BEACH, FL 33404 US

Mailing Address
C/O HECTOR L. SANTANA
1488 DR. MARTIN LUTHER KING BLVD
RIVIERA BEACH, FL 33404 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052006 REIN-P EX-VU-CR2E088 (11/05)

4. FEI Number
85-0783876

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANA, HECTOR L
1488 DR. MARTIN LUTHER KING BLVD
RIVIERA BEACH, FL 33404

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SANTANA, HECTOR L
1488 DR. MARTIN LUTHER KING BLVD
RIVIERA BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500080635005
10/09/06--01035--012 **150.00

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

DATE

CLERK OF STATE

10-4-06