

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 23 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045262

1. Corporation Name

TROPICAL PCB DESIGN SERVICES, INC.

Principal Place of Business

7960 BANYAN BLVD.
LOXAHATCHEE FL 33470

Mailing Address

7960 BANYAN BLVD.
LOXAHATCHEE FL 33470



2002 UBR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/20/1998

5. FEI Number

65-0837013

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BURTON, SAM K	7960 BANYAN BLVD.	LOXAHATCHEE FL 33470
			600008540796 10/23/02--01018--006 **158.75

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: SAM K. BURTON
Street Address (P.O. Box Number is Not Acceptable): 7960 BANYAN BLVD
Suite, Apt. #, Etc.:
City: LOXAHATCHEE State: FL Zip Code: 33470

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

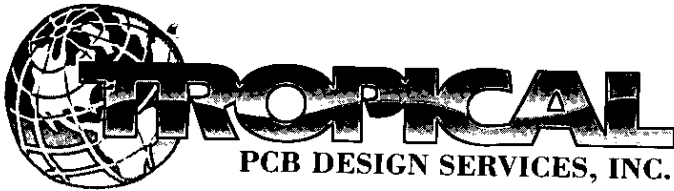
SIGNATURE REQUIRED
Sam K. Burton Registered Agent
REGISTERED AGENT MUST SIGN

Date 10-21-02

11. 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:

SIGNATURE REQUIRED
Sam K. Burton President 10-21-02 561-784-9536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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7960 Banyan Blvd.
Loxahatchee, Florida 33470
D&B #044713316
(561)784-9536

October 21, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Document # P98000045262

To Whom it May Concern:

We are in receipt of your Application for Reinstatement and it is enclosed with this letter. Please note that we did not receive either the first or second notice regarding the filing of our UBR. Also, please note that the Registered Agent and the Registered Agent's address have changed. Being that we have always filed and paid our fees on time, we respectfully request that you accept our check in the amount of \$150.00 to cover the 2002 filing fees and waive any penalties associated with this matter? We do not understand why we did not receive the notices, but will be particularly vigilant to watch for them in the future.

Thank You in advance for your consideration in this matter.

Sincerely Yours,

Sam K. Burton
President
Tropical PCB Design Services Inc.

561-784-9536

