

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S91356

FILED  
Feb 07, 2005  
Secretary of State

Entity Name: TROPICAL RANCH PROPERTIES, INC.

## Current Principal Place of Business:

P.O. BOX 3164  
FLORIDA CITY, FL 33034

## New Principal Place of Business:

17000 SW 272 STREET  
HOMESTEAD, FL 33031

## Current Mailing Address:

P.O. BOX 3164  
FLORIDA CITY, FL 33034

## New Mailing Address:

17000 SW 272 STREET  
HOMESTEAD, FL 33031

FEI Number: 65-0299947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARBUSCA, TOM  
1226 SW 15 ST.  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

BARBUSCA, TOM  
17000 SW 272 STREET  
MIAMI, FL 33031 US

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.

SIGNATURE: TOM BARBUSCA

02/07/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BARBUSCA, TOM  
Address: 1226 SW 15TH ST  
City-St-Zip: MIAMI, FL

Title: CVS ( ) Delete  
Name: MCDONALD, TINA  
Address: 17000 SW 272 ST  
City-St-Zip: HOMESTEAD, FL 33031

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA MCDONALD

CVS

02/07/2005

Electronic Signature of Signing Officer or Director

Date