

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V00450

Entity Name: TROPICAL SECURITY, INC.

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

3603 WOODLOCK BLVD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

3683 WOODS WALK BLVD
LAKE WORTH, FL 33467 US

Current Mailing Address:

3603 WOODLOCK BLVD
LAKE WORTH, FL 33467 US

New Mailing Address:

3683 WOODS WALK BLVD
LAKE WORTH, FL 33467 US

FEI Number: 65-0300905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORTON, SUSAN
3603 WOODLOCK BLVD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

HORTON, SUSAN
3683 WOODS WALK BLVD
LAKE WORTH, FL 33467 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: SUSAN HORTON

10/27/2008

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: DV () Delete
Name: HORTON, SUSAN,
Address: 3603 WOODLOCK BLVD
City-St-Zip: LAKE WORTH, FL 33467

Title: DP () Delete
Name: HORTON, RAY,
Address: 8732 PALOMIND DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: HORTON, SUSAN,
Address: 3683 WOODS WALK BLVD
City-St-Zip: LAKE WORTH, FL 33467

Title: DP (X) Change () Addition
Name: HORTON, RAY,
Address: 3683 WOODS WALK BLVD
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SUSAN HORTON

DV

10/27/2008

Electronic Signature of Signing Officer or Director

Date