## **2015 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P14000061908

Entity Name: TROPICAL RESTORATION, INC.

**Current Principal Place of Business:** 

1135 EAST MOUNTAIN DR WEST PALM BEACH. FL 33406

**Current Mailing Address:** 

1135 EAST MOUNTAIN DR WEST PALM BEACH. FL 33406 US

FEI Number: 47-1415605 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLINE, DAVID DAVID CLINE 1135 EAST MOUNTAIN DR WEST PALM BEACH, FL 33406 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: DAVID CLINE 10/27/2015

Electronic Signature of Registered Agent

Date

FILED Oct 27, 2015

**Secretary of State** 

CR8154763247

Officer/Director Detail:

Title D

Name CLINE, DAVID

SIGNATURE: DAVID CLINE

Address 1135 EAST MOUNTAIN DR

City-State-Zip: WEST PALM BEACH FL 33406

I hereby 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 all other like empowered.

**OWNER**