PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000051428

1. Corporation Name
TOP CONSULTING GROUP, INC.

REINSTATEMENT 07

2. Principal Office Address	**3.** Mailing Office Address
18855 SW 29th Street	18855 SW 29th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State: Miramar, FL
Zip: 33029 / Country	Zip: 33029 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/09/2002

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Alfonso Taylor

700023986617
10/21/03--01060--020 **150.00

Street Address (P.O. Box Number is Not Acceptable): 18855 SW 29th Street

Suite, Apt. #, Etc.:

City: Miramar | State: FL | Zip Code: 33029

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Alfonso Taylor
REGISTERED AGENT MUST SIGN

Date: 10/16/2003

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Presid.	Alfonso Taylor	18855 SW 29th Street	Miramar, FL 33029
Vice-pre	Ximena Riveros	18855 SW 29th Street	Miramar, FL 33029

10. 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: Alfonso Taylor — 10/16/2003 — 305 772 2863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

10/23

October 16, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

We kindly request you to waive the reinstatement fee, since our corporation didn't received UBR notices to renew our corporation on time.

Enclosed please find the UBR application and a check for $150.00, to renew our corporation.

Truly yours,

TOP CONSULTING GROUP, INC.

Alfonso Taylor
President