

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.

2. Principal Office Address

18855 SW 29th Street

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33029

Country

3. Mailing Office Address

18855 SW 29th Street

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33029

Country

REINSTATEMENT 03

**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

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

REGISTERED AGENT MUST SIGN

Date **10/16/2003**

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 #

CR2E081 (10/02)

10/23

October 16, 2003

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

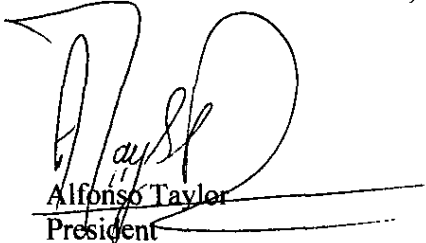
Dear Sirs:

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