

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000082968

FILED
Oct 13, 2004
Secretary of State

Entity Name: TOP INSURANCE & GENERAL SERVICES, INC.

Current Principal Place of Business:

90 NE 54TH STREET
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

90 NE 54TH STREET
MIAMI, FL 33137

New Mailing Address:

FEI Number: 05-0584546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AB CONSULTING & ACCOUNTING SERVICES, INC.
2340 SW 67 LANE
SUITE 200
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

LEON, MONDESIR
90 NE 54TH STREET
MIAMI, FL 33023 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: LEON T.MONDESIR

10/13/2004

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: P () Delete
Name: MONDESIR, LEON
Address: 90 NE 54TH STREET
City-St-Zip: MIAMI, FL 33137

Title: V () Delete
Name: BADIO, MARIE-ANGE
Address: 90 NE 54TH STREET
City-St-Zip: MIAMI, FL 33137

Title: S () Delete
Name: DERUSSAINT, MARIE
Address: 3740 W. BROWARD BLVD
City-St-Zip: PLANTATION, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: DERISSAINT, MARIE
Address: 3740 W. BROWARD BLVD
City-St-Zip: PLANTATION, FL 33312

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: LEON T.MONDESIR

PRES

10/13/2004

Electronic Signature of Signing Officer or Director

Date