PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR 12 PM 2:41

DOCUMENT # K70820

1. Corporation Name TOP BRANDS MARKETING AND DISTRIBUTORS, INC.

Principal Place of Business
3550 WASHINGTON ST.
SUITE 415B
HOLLYWOOD, FL 33021

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter corrections below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

Street, Apt. #, etc.

City & State

Zip | County

3. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip | County

4. Date Incorporated or Qualified To Do Business in Florida 3/7/89

5. FEI Number 59-2934577 | Applied for | Not Applicable

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	RUPERT WILLIAMS	3550 WASHINGTON ST SUITE 415B	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

RUPERT WILLIAMS
3550 WASHINGTON ST SUITE 415B
HOLLYWOOD FL 33021

9. Name and Address of new registered Agent

Name

Street Address (P.O. Box number is Not Acceptable)

Suite, Apt. #, Etc.

City | State | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT (Just as above) Date 4/12/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See attached for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in either 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., and that all fees owed by the corporation have been paid. 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: [signature] 4/12/96

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

R-95%

04-12-96 12:02PM P001 #48