

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 3:49

DOCUMENT # **K91860**

1. Corporation Name

TOP JOB MAINTENANCE INC.

2. Principal Office Address

8182 SW 190 ST

Suite, Apt. #, etc.

3. Mailing Office Address

8182 SW 190 ST.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33157

Country

USA

Zip

33157

Country

USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida

5/31/89

5. FEL Number

65-0123856

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

NELSON ROGUE

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

8182 S.W. 190 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

600003195836-0
-04/04/00--D1082--081
***1058.75 ***1058.75

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

Nelson Rogue

REGISTERED AGENT MUST SIGN

Date **3-17-2000**

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
P/S	NELSON ROGUE	8182 SW 190 ST	MIAMI FL 33157

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:

Nelson Rogue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-598-5940

Daytime Phone #

CR2E081 (9/99)