PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -6 AM 9:22

DOCUMENT # L01000004025

1. Limited Liability Company's Name
Top Shops International, LLC

2. Principal Office Address	3. Mailing Office Address
708 Foster Rd	708 Foster Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallendale, Fl	City & State: Hallandale, Fl
Zip: 33009 Country: US	Zip: 33009 Country: US

4. State/Country of Formation: Fl / US
5. Date Organized or Qualified To Do Business in Florida: 3/12/2001
6. FEI Number: 65-1092133 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name: Phillips Mathis LLC / Mr. Reginald Mathis
Street Address (P.O. Box Number is Not Acceptable): 4801 S. University Drive, Ste
Suite, Apt. #, Etc.: Suite 102
City: Ft Lauderdale Fl 33328 State: FL Zip Code:

600059197866
08/31/05--01063--002 **250.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	John Hardwick	708 SW 5th ct	Hallandale Beach, Fl
V.P.	Fred Stimage II	3950 NW 191st St	Miami, Fl 33055
		REINSTATEMENT 03-05	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager: John Hardwick Date: 8/25/05 Daytime Phone #: 954-4945584

Typed or printed name of signing Managing Member/Manager: _____