

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2003 DEC -4 PM 1:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000015993**

1. Limited Liability Company's Name

TOP LLC

900025200979
12/04/03--01003--031 **155.00

2. Principal Office Address

3122 N. Pine Island Rd

Suite, Apt. #, etc.

Suite 205

City & State

SUNRISE FL

Zip

33351

Country

USA

3. Mailing Office Address

4315 Prairie Ave.

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33140

Country

USA.

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/25/2002

6. FEI Number

14-1859978

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

KLECKY, ABRAHAM I

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

4315 Prairie Ave

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/18/2003**

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
MGRM	Abraham Klecky	4315 Prairie Ave.	Miami Beach, FL, 33140

REINSTATEMENT 2003

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

[Signature]

Date **11/18/03** Daytime Phone # **(305) 490 6684**

Typed or printed name of signing Managing Member/Manager

ABRAHAM KLECKY