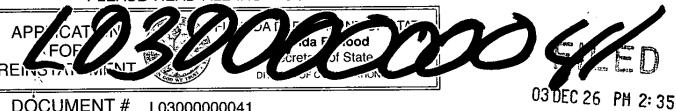
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L03000000041

Typed or printed name of signing Managing Member/Manager

Name and Mailing Address

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0004984 01 AT 0,292 **AUTO TO 0 0615 33030-781410 TOP NOTCH FARMS, L.L.C. 31010 SW 212TH AVE. HOMESTEAD FL 33030-7814



				<u> </u>		
2. New Mailing Address				4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 12/30/2002		
City, State, Zip				Date Organized or Qualified To Do Business in Florida 12/30/2002		12/30/2002
Principal Place of Business 31010 SW 212TH AVE.	3. New Princ	3. New Principal Place of Business Address		6. FEI Number 8) - 0639531		Applied For Not Applicable
HOMESTEAD FL 33030	City, State, Zi	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED X S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Cur	nt	Name and Address of New Registered Agent			Agent	
WAYNE CHINI KIM		Name	***			
WAYNE CHIN, KIM 31010 SW 212TH AVE. HOMESTEAD FL 33030		Street Address (P.O. Box Num		ss (P.O. Box Numbe	ber is Not Acceptable) 101125750374 703-01004-014 **155.00	
		1.2/26		12/26/	0301004014	**155.00
		dty		FL	Zip Code	
Signature of Registered Agent 11. Names and Street Addresses of Each Man.	REGISTERED AG	ENT MUST SIGN	ED		Date	03
Name of Managing		Street Address of Each		City / State / Zip		
Title(s) Members/Managers		Managing Member/Manager				
PRESIDENT WAYNE Y	104	17 SY	CAMOR	= WAY	WARREN,	N.S. 07059
PRESIDENT WAYNE Y VP DENT KIM WAYNE	CHIN	31010	S.W. 7	212 AUE	HOMESTEAD.	FLA. 330
					-03	
	# .4	1 1 2 2 6 5	Car to Mar Take Mar Care			
12. I certify that I am managing member/mana filing this reinstatement application the reas all fees owed by the limited liability companas if made under oath. Signature of Signatur		e information indicate	e ilmited liability co ed on this applica	ion is true and accu		ave the same legal effect

KIM WAYNE CHIN