

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L0300000041

Florida Food Secretaries of State

03 DEC 26 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L03000000041

Name and Mailing Address

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



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/30/2002	
Principal Place of Business 31010 SW 212TH AVE. HOMESTEAD FL 33030	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 81-0639531	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent WAYNE CHIN, KIM 31010 SW 212TH AVE. HOMESTEAD FL 33030	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400025760374 12/26/03--01004--014 **155.00 City FL Zip Code
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10. 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 Kim Wayne Chin **SIGNATURE REQUIRED** Date 12/21/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRESIDENT	WAYNE MOY	17 SYCAMORE WAY	WARREN, N.S. 07059
UP PRESIDENT	KIM WAYNE CHIN	31010 S.W. 212 AVE	HOMESTEAD, FLA. 33030

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12. 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 Kim Wayne Chin Date 12/21/03 Daytime Phone # 786-256-4684

Typed or printed name of signing Managing Member/Manager KIM WAYNE CHIN

CR2E034 (7/03)