

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Aug 04, 2006
Secretary of State**

DOCUMENT# L04000088689

Entity Name: HIGH TOP LLC

Current Principal Place of Business:

2889 NW 63 TERRACE
SUNRISE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

2889 NW 63 TERRACE
SUNRISE, FL 33313 US

New Mailing Address:

FEI Number: 20-1983606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUVEILJE, CLINTON
2889 NW 63 TERRACE
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CLINTON CUVEILJE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CUVEILJE, CLINTON
Address: 2889 NW 63 TERRACE
City-St-Zip: SUNRISE, FL 33313 US

Title: MGR () Delete
Name: CUVEILJE, FABIAN
Address: 2801 NW 39 TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: MGR (X) Delete
Name: CUVEILJE, FLOYD
Address: 5181 W. OAKLAND PARK BLVD
City-St-Zip: LAUDERDALE LAKES, FL 33313 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CUVEILJE, FLOYD
Address: 2889 NW 63 TERR
City-St-Zip: SUNRISE, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLINTON CUVEILJE

MMG

08/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date