PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 SEP -7 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L06000069661

1. Limited Liability Company's Name

TOPS-R-US, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
945 SW 36th ct	945 SW 36th ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach, Fl	City & State: Vero Beach Fl
Zip: 32968 Country: US	Zip: 32969 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 7/2/06

6. FEI Number: 20-5201287 ☐ 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: BUSINESS FILINGS INCORPORATED

Street Address (P.O. Box Number is Not Acceptable): 1203 GOVERNORS SQUARE BLVD

Suite, Apt. #, Etc.: 101

City: Tallahassee State: FL Zip Code: 32301

E-mail Address: Mhoke2@bellsouth.net
(To be used for future annual report notices)

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 Bernadette Butler, Asst. Secretary for Business Filings Incorporated Date 9/1/11
REGISTERED AGENT MUST SIGN

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	MARVIN B HOKE	1326 25th AVE SW	VERO BEACH, FL 32962
			200211843742 09/07/11 01018 025 **541.25
	REINSTATEMENT 2009-2011		200211893842 09/07/11--01018--025 **541.25

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Marvin B Hoke Date 9-2-11 Daytime Phone # 772-360-9165

Typed or printed name of signing Managing Member/Manager

Hampton SEP - 2 2011