

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000097174



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 12 PM 3:16

1. Entity Name  
TOP-ONE CENTRAL FLORIDA, LLC

Principal Place of Business  
1643 LOOKOUT LANDING CIRCLE  
WINTER PARK, FL 32789

Mailing Address  
1643 LOOKOUT LANDING CIRCLE  
WINTER PARK, FL 32789



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

05162008 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For  
 Not Applicable

City & State

City & State

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, SCOTT E  
111 NORTH ORANGE AVENUE, SUITE 1200  
ORLANDO, FL 32801

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

5/19/08

**FILE NOW!!! FEE IS \$377.50**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  Delete  
NAME TOPIOL, MARC  
STREET ADDRESS 1643 LOOKOUT LANDING CIRCLE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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REINSTATEMENT

07-08

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*[Handwritten Signature]*

Marc Topiol, Manager

5/19/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #