

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY 15 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008553

1. Limited Liability Company's Name

TOP CROWN ENTERPRISES LLC

500005677185--5
-06/04/02--01037--007
****200.00 ****200.00

2. Principal Office Address

320 BALMORAL CT

Suite, Apt. #, etc.

City & State

DAVENPORT FL

Zip

33837

Country

USA

3. Mailing Office Address

320 BALMORAL CT

Suite, Apt. #, etc.

City & State

DAVENPORT FL

Zip

33837

Country

USA

4. State/Country of Formation

FLORIDA - U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

Dec 8th 1999

6. FEI Number

59-3614695

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

SEE ADDITIONAL FEES REQUIRED
TO RE-EVALUATE STATUS

8. Name and Address of Current Registered Agent

Name

ANJALEE B. PATEL

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

320 BALMORAL COURT

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33837

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

AB Patel

Date 3.25.02

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
MGR	ANJALEE B. PATEL	320 BALMORAL CT	DAVENPORT, FL 33837
MGR	VIRAG B. PATEL	320 BALMORAL CT	DAVENPORT, FL 33837

REINSTATEMENT

05-02
Dec

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.

Signature of
Managing Member/Manager

AB Patel

Date 3.26.02

Daytime Phone # 863-420-0424

Typed or printed name of signing Managing Member/Manager

ANJALEE PATEL

CR2004 (8/01)