

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -7 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000000703

1. Corporation Name

TOPPRO CYCLING INC.

W-20805

200178059852
04/27/10--01026--006 **481.25

2. Principal Office Address - No P.O. Box #
1273 SW 22ST.

Suite, Apt. #, etc.

3. Mailing Office Address
1273 SW 22ST.

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip Country
33145 USA

City & State
MAIMI, FL

Zip Country
33145 USA

REINSTATEMENT

(11/09)

05-10

4. Date Incorporated or Qualified
To Do Business in Florida 01/14/2004

5. FEI Number 03-0535520 ☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GABRIEL MENDEZ

Street Address (P.O. Box Number is Not Acceptable)
3591 SW 11ST

Suite, Apt. #, Etc.
#3

City State Zip Code
MIAMI FL 33135

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

200178059852
05/11/10--01006--004 ***70.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 04/11/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALINA MENDEZ	1273 SW 22ST.	MIAMI, FL, 33145
V	GABRIEL MENDEZ	1273 SW-22ST.	MIAMI, FL, 33145
S	ADRIAN MENDEZ	1273 SW 22ST.	MIAMI, FL, 33145
T	LUIS A. LOPEZ	1273 SW 22 ST.	MIAMI, FL, 33145

10. E-mail Address: GABRIELPTA@ATT.NET

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify 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:

GABRIEL MENDEZ:

04/11/10

786-554-3854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #