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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		Ē	04 JUN 21 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Corporat	IMENT # PO ion Name N AMERICA, IN							
	ST PL S.W. ST PL S.W.							
2. Principal Office Address 3376 21ST PL S.W.			3. Mailing Office Address 3376 21ST PL S.W.		FEMS	TATEMEN		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida MARCH 6, 2000		
City & State LARGO, FL			City & State LARGO, FL		5. FEI Numbe	5. FEI Number Applied For 59-3628061 Not Applicable		
^{Zip} 33774	· I		Zip 33774	Country U.S.	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
7. Name and Address of Current Registered Agent								
	Name MICHAEL H. ANDERSON							
	Street Address (P.O. Box Number is Not Acceptable) 3376 21ST PLACE S.W.						4 7 941 50 00	
	Suite, Apt. #, Etc.							
	City LARGO					State Zip Code 33774		
8. I, being a Signature of Registered A		MAn	ye named corporation, am LANCOM EGISTERED AGENT MUS		the obligations of secti	on 607.0505 or 617.0503,	F.S. 6/04 ROBERT	
9. Names	and Street Addresses	of Each Officer and	Vor Director (Florida nonpr	ofit corporations must lis	t at least 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City /	State / Zip	
D/P	MICHAEL H. ANDERSON		3376 2	3376 21ST PLACE S.W.		LARGO, FL 33774		
D/V	ERIK R. ANDERSON		625 M	625 McCrillus Rd.		LARGO, FL 33770		
		·			21 08/2	000381 4	3062 ***150:00	
								
10. 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 filling 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:								

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Top Ten America, Inc. 3376 21st PL S.W. Largo, FL 33774

June 16, 2004

Florida Department of State

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Top Ten America, Inc. Document # P00000029091

Dear Sir or Madam:

Enclosed you will find an Application for Reinstatement for my corporation, Top Ten America, Inc.

I am respectfully requesting that the penalty fee to reinstate be waived. I did not receive my Uniform Business Report in a timely manner for 2003.

I have enclosed 2 checks as detailed below:

- a) \$150 for the year 2003
- b) \$150 for the year 2004

This corporation was formed in March of 2000, and has complied with the filing requirements for the Annual Report/Uniform Business Report for all years excepting those noted.

In closing, I sincerely appreciate your consideration of this matter, and I thank you in advance for your assistance.

Very truly yours,

Michael H. Anderson

President