

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000027228

1. Corporation Name

LE TOP ENTERPRISES, INC.

Principal Place of Business

315 BUCHANAN ST.
HOLLYWOOD FL 33019

Mailing Address

315 BUCHANAN ST.
HOLLYWOOD FL 33019

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2001

5. FEI Number

65-1088124

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02



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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MENARD, JEAN-MARC	315 BUCHANAN ST.	HOLLYWOOD FL 33019
D	LATOUCHE, JEAN-GUY	46 COCONUT, ROYAL PALM COURT	HALLANDALE FL 33009

400008893094
11/08/02--01093--014 **750.00

8. Name and Address of Current Registered Agent

MENARD, JEAN-MARC
315 BUCHANAN ST.
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED JEAN-MARC MENARD

Date

11/06/02

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN-MARC MENARD

Date

Daytime Phone #

11/06/02 923-8362

CR2E040 (8/02)

November 6, 2002

Division of Corporation,
Uniform business filings,
P.O. Box 1500
Tallahassee,
Florida-32302-1500

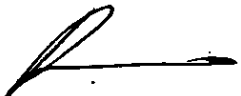
Hil

Because I was up north in account of sickness, I never filed
for the renewal of my corporation.

Please find enclosed a check to the amount of \$750.00 for my
renewal.

Really sorry about the inconvenience.

Yours Sincerely,



Jean-Marc Menard

Encl.