

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 22 PM 1:25

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036983

2003

1. Corporation Name

COUNTER TOP PLUS, INC.

2. Principal Office Address

3191 NW 133 RD STREET

Suite, Apt. #, etc.

City & State

OPA LOCKA FL

Zip

33054

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2001

5. FEI Number

65-1094050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
NOE E HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
13355 NW 32ND AVENUE

Suite, Apt. #, Etc.

City
OPA LOCKA

State
FL

Zip Code
33054

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

11-16-05

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
PD	NOE E HERNANDEZ	13355 NW 32ND AVENUE	OPA LOCKA, FL 33054
STD	JULIO G HERNANDEZ	3191 NW 133RD STREET	OPA LOCKA, FL 33054

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-05

Daytime Phone #

262

COUNTER TOP PLUS, INC
3191 NW 133RD STREET
OPA LOCKA, FL 33054

November 14, 2005

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

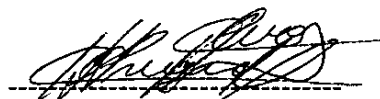
Our Accountants have checked the records at the Division of Corporations and found that the 2005 Uniform Business Report (U.B.R.) for our company has not been filed.

According to our records we did not received the U.B.R. form for the years 2003, 2004 and 2005.

Enclosed are the complete forms U.B.R. and the checks for each year. (2003 \$150.00 – 2004 \$150.00 and 2005 \$158.75)

We hereby request an abatement of the filing late penalties.

Sincerely,



Noe E Hernández
President