PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP 20 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # P01000105438

1. Corporation Name

TOP MEDICAL SOLUTION, INC
5838 COLLINS AVE.
STE. 15G
MIAMI BEACH, FLORIDA 33140-2230

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5838 Collins Ave.	
Sui Apt. #, etc.: 15G	Suite, Apt. #, etc.
Cit State: MIAMI BEACH, FL	City & State
Zip: 33140 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 11/01/2001

5. FEI Number: 65-1152203 ☐ 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

N e: ELSA ECHEVERRI

S st Address (P.O. Box Number is Not Acceptable): 5838 Collins Ave.

S , Apt. #, Etc.: Ste. 15G

C: Miami Beach State: FL Zip Code: 33140

☐ 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.

8. Having been appointed 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 _____ Date _____

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.V.	ELSA ECHEVERRI	5838 Collins Ave.15G.	Miami Beach Fl.33140
S.T	" "	" " "	" "
			400109978954 09/25/07--01014--019 **105.00

1 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 contained in Chapter 119, 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] ELSA ECHEVERRI 09/18/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #