2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2009
Secretary of State

DOCUMENT# P01000105438

Entity Name: TOP MEDICAL SOLUTION INC

Current Principal Place of Business:

5838 COLLINS AVE
15G
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5838 COLLINS AVE
15G
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-1152203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECHEVERRI, ELSA N
5838 COLLINS AVE
15G
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELSA ECHEVERRI

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: ECHEVERRI, ELSA
Address: 5838 COLLINS AVE. 15G
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSA ECHEVERRI PVST 10/11/2009

Electronic Signature of Signing Officer or Director — Date