## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P01000121288  1. Coprovation Name Topeca Holdings, Inc.  2. Principal Office Address 3. Malling Office Address 4. Death Interpretation of Caudified 10-08 Journal of Caudified 10-08 Jou	CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			03 MAY -9 PM 1:48  SECHETARY OF STATE TALLAHASSEE, FLORIDA			
Suite, Apt. #, etc.  City & State Key Biscayne Fil.  Country 3149  Country 3149  Country 3149  Country 3149  Country 3149  Country 3149  Country  To Do Business in Florids  To Do Busi	DOCUMENT # P01000121288  1. Corporation Name								•	
City & State Key Biscayne  City & State FI.  Country  Cou				3. Mailing Office Address		05.	800018684568 05/09/0301092007 **300.00			
City & State Key Biscayne  Country USA  To Country USA  Country Sip 33149  Country USA  To Name and Address of Current Registered Agent  Fil.  City Key Biscayne  File City Key Biscayne  State File City Key Biscayne  File Signature of Registered Agent  File City Key Biscayne  File Signature of Registered Agent  File File File File File File File Fil	Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. Date Incom	4. Date incorporated or Qualified 12-26-2001			
Country   USA   Zip   Country   General Country   Country   Size   Country   General Country	·					5. FEI Numbe	nber Applied For			
Name of Officers and/or Directors  Pres: — Erika Hoffmann  137 East Enid Dr.  State   Zip Code   Zip Code   State   Zip Code		·	Z	Zip	Country	6.		IRED S8,75 Add	itional Fee required	
Street Addresss (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  State   Zip Code   FL   33149  8. 1. being appointed for registered agent   FL   33149  8. 1. being appointed for registered agent   FL   33149  8. 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  Pres:   Erika Hoffmann   137 East Enid Dr.   Key Biscayne, Fl. 33149  Direc   Peter A. Hoffmann   137 East Enid Dr.   Key Biscayne, Fl. 33149  Direc   Paul Hoffmann   137 East Enid Dr.   Key Biscayne, Fl. 33149  Direc   Carlos E. Recao   137 East Enid Dr.   Key Biscayne, Fl. 33149  10. Lostify that I am ap-afficer or director or the receiver or fustee enhowered to execute this application as provided for in chapter 607 or 617, F.S. I Number certify that when filing this ministatement application, the reasopoor dissolution/has been given instead, the component name satisfies the requirements of section 507,0401 or 617,0401, F.S., that all fees overed by the topoporation in incident of this form do not duratify or an exemption under section 1507,0401 or 617,0401, F.S., that all fees overed by the topoporation in incidented	7. Name and Address of Current Registered Agent									
8. I, being appointed for registered agent of the bowe named concoration, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent Discover and or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Pres: Erika Hoffmann 137 East Enid Dr. Key Biscayne, Fl. 33149  Direc Peter A. Hoffmann 137 East Enid Dr. Key Biscayne, Fl. 33149  Direc Carlos E. Recao 137 East Enid Dr. Key Biscayne, Fl. 33149  10. I cartify that I am applificer or director or the receiver or fustee 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 dissolutor has been gleiminated, the corporate name satisfies the requirements of section 607.0401 or 617,0401, F.S., that all fees overed by the proforation have been gleiminated in indicated or the proforation of 190.07(6), F.S. The information indicated	Erika Hoffmann  Street Address (P.O. Box Number is Not Acceptable)  137 East Enid Dr.  Suite, Apt. #, Etc.  City Man Bit State Zip Code									
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  Pres: Erika Hoffmann: 137 East Enid Dr. Key Biscayne, Fl. 33149  Direc Peter A. Hoffmann 137 East Enid Dr. Key Biscayne, Fl. 33149  Direc Paul Hoffmann 137 East Enid Dr. Key Biscayne, Fl. 33149  Direc Carlos E. Recao 137 East Enid Dr. Key Biscayne, Fl. 33149  10. I certify that I am an officer or director or the receiver or fustee 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 reacoup for dissolution has beed eliminated. the corporate name satisfies the requirements of section 607.0401 r.F.S., that all fees owed by the potporation have been field and the named of individuals itsed on this form do not qualify for an exemption under section 119.07(30), F.S. The information indicated	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  Date  4-15-2003									
Pres: Erika'Hoffmann: 137 East Enid Dr. Key Biscayne, Fl. 33149  Direc Peter A. Hoffmann 137 East Enid Dr. Key Biscayne, Fl. 33149  Direc Paul Hoffmann 137 East Enid Dr. Key Biscayne, Fl. 33149  Direc Carlos E. Recao 137 East Enid Dr. Key Biscayne, Fl. 33149  10. Leartify that I am ap afficer or director or the receiver or fustee 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 diminated, the corporator name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the borboration have been field 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	9. Names	and Street Addresses of E	ach Officer and/or	Director (Florida nonpro	ofit corporations must list at	least 3 directors)				
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SIGNATURE: Erika Hoffmann 4-15-2003 305 790-8320  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desylime Phone #										

## Topeca Holdings, inc.

138 N.W. 25<sup>th</sup> St. Miami, FL 33127 Phone (305) 790-8320 Fax (305) 361-5310

April 15 2003

Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302-1500

RE: Reinstatement Explanation

Gentlemen:

Attached you will find the form for Reinstatement of TOPECA HOLDINGS, INC., document No. P01000121288, incorporated on 12-26-2001.

Up to this date we have not received any Uniform Business Report to be filled with the respective fee, and due this, payments have not been made, attached is the Reinstatement Report with a check in the amount of \$300.00 for the 2 years of filling.

Please consider this matter in order to bring to status the corporation and send all other correspondence to the address on this letterhead.

With nothing further,

Very truly your

Erika Hoffmann

President

Topeca, Inc.