Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE

OIVISION OF CORPORATIONS CORPORATION 04 FEB 16 AM 8: 00 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 7020000 84658 TOP WEB HOSTING ONLINE SERVICES. INC. 3. Mailing Office Address 2. Principal Office Address 1930 NW 12th AVE. 1930 NW 12th AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified А To Do Business in Florida City & State City & State CRYSTAL RIVER, FL CRYSTAL RIVER, FL 22-3867289 Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent GARY HICKMAN Street Address (P.O. Box Number is Not Acceptable) 1930 NW IN AVE Suite, Apt. #, Etc. CRYSTAL RIVER 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip Titles 1930 NW 12th AVE #A CRYSTAL RIVER, FL HICKMAN 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 the same legal effect as if made under oath. on this application is true and accurate; SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Bomar, Hammett & Associates, CPAs, P.A.

Certified Public Accountants & Associates

5353 SW College Road, College Road, College Road, Ph. 34474
Ph. (352) 861-1010 Fax: (3

P.O. Box 1324 8480 W. Homosassa Trail, 7 Homosassa Springs, FL 34447 h. (352) 628-6443 Fax. (352) 628-0460

January 26, 2004

Florida Department of State Secretary of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Top Web Hosting Online Services, Inc. 1930 NW 12th Ave #A Crystal River, FL 34423

To Whom It May Concern:

We respectively request that the penalties imposed for non-filing be waived due to the fact the annual reports were never received.

The original address from the articles of incorporation was, 8106 North Wooden Drive.

Spring Hill, Florida. Mr. Hickman had relocated during that time. Since he was unaware of the filing requirement, he had no expectation of receipt of the annual report.

Please change the address as shown above

We have enclosed the application for re-instatement. Also enclosed is a check representing payment of the Uniform Business Report for the past year.

Thank you for your assistance in this matter.

Sincerely,

J. Randall Hammett, CPA Managing Partner

JRH/jah

Enclosures: Check #525

Power of Attorney

Re-instatement Application