

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -8 AM 8:00

DOCUMENT # P02000108322

1. Corporation Name

Urban Image by Topper, Inc.

REINSTATEMENT03-04
MRB700037757347
06/08/04--01011--015 **900.00

2. Principal Office Address

3776 NE 208 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

3776 NE 208 Terrace

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/8/02

5. FEI Number

42-555906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Amnon Mizrahi

Street Address (P.O. Box Number is Not Acceptable)

3776 NE 208 Terrace

Suite, Apt. #, Etc.

City

N. Miami Beach

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Amnon Mizrahi

REGISTERED AGENT MUST SIGN

Date

6-4-04

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
D	Amnon Mizrahi	3776 NE 208 Terrace	N. Miami Beach, FL 33180

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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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:

Amnon Mizrahi

6-04-04 954 846 2099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #