

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 30 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000112186

1. Corporation Name

TOP GENERAL SERVICES INC

2. Principal Office Address

2700 GLADES CIRCLE

Suite, Apt. #, etc.

C-137

City & State

WESTON FL

Zip

33327

Country

US

3. Mailing Office Address

2700 GLADES CIRCLE

Suite, Apt. #, etc.

C-137

City & State

WESTON FL

Zip

33327

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

75-3084955

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

HAYLEY AGUIRRE

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

2700 GLADES CIRCLE

Suite, Apt. #, Etc.

C-137

City

WESTON

700031371337

03/30/04--01021--015 **900.00

State
FL

Zip Code

33327

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

HAYLEY AGUIRRE

Date

03/24/04

9. 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
P	HAYLEY AGUIRRE	2700 GLADES CIRCLE SUITE C-137	WESTON FL 33327

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 on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

HAYLEY AGUIRRE 03/24/04

Date

754-3683578

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)