PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 19 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

400180416794
05/05/10--01036--024 **400.00

CR2E081 (4/10)

DOCUMENT # P04000079426

1. Corporation Name
Top Shelf Enterprises

~~tot 33962~~

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3131 Muir St.	3131 Muir St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holiday Florida	City & State: Holiday Florida
Zip: 34691 Country: ~~Pinellas~~ U.S.	Zip: 34691 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 2004

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Frank Navas
Street Address (P.O. Box Number is Not Acceptable): 3131 Muir St.
Suite, Apt. #, Etc.:
City: Holiday State: FL Zip Code: 34691

PROFIT CORPORATIONS ONLY

☑ The $600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

400180416794
05/25/10--01002--027 **50.00

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: Frank Navas Date: 4-31-10
REGISTERED AGENT MUST SIGN

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	Frank Navas	3131 Muir St	Holiday FL
			M. MILLICAY EXAMINER
			MAY 19 2010

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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. I further certify, 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: Frank Navas FRANK NAVAS 4 31 10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Cell 727 520 2376