## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		خسن س	_	and the second		
CORPORATION , REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE TALLAMASTEE, LORIDA  14 FEB 10 PM 4: 03		
DOCUMENT # PO500018623				•		
TOP REALTY GROUP, I'mc.						
Principal Office Address - No P.O. Box #	3. Mailing Office Addres	ec	REIN	ISTATEME	ENT 07-	
·		•				
9200 South Dadeland Blvd Suite, Apt #, etc.	9200 South Dade Suite, Apt. #, etc.	uth Dadeland Blvd.		CR2E081 (11/10)		
Suite 410	Suite 410			Date Incorporated or Qualified		
City & State	City & State	<del></del>		To Do Business in Florida 02/04/2005		
				er	X Applied For	
Miami, Florida	Miami, Florida	Country			Not Applicable	
, ,		,	6. CERTIFICA		Iditional Fee required Certificate of Status	
33156-2712 USA	33156-2712	USA				
/ Name and Address of	f Current Registered Ager	nt	4			
PAUL M. KADE						
Street Address (P.O. Box Number is Not Acceptable)						
9200 South Dadeland Boulevard			0000000004400			
Suite, Apt. #, Etc.			TI 01/2/	900255984199 01/24/1401019028 **1835,00		
Suite 410  City   State   Zip Code			- 01/1	" 11 O1010 OEO "	*1000.00	
Miami		FL 33156-2712				
8. I, being appointed the registered agent of the sb	we named comoration, am		obligations of sec	tion 607.0505 or 617.0503. F.S.		
Signature of			<b>g</b>			
Registered Agent						
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonpro	ofit corporations must list a	least 3 directors)		<del></del>	
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zi	p	
PD MICHAEL WEINER	2282 NW	2282 NW 62nd Drive		Boca Raton, FL 3349	5	
				FEB 1 3 2014		
				T. CARTER		
10 E-mail Address: PKADE@MINDSPR	NG COM					

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S.

SIGNATURE:

MICHAEL D. WE, NER 1-16-2014 305/670-692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description

Description

Date

Description

Descriptio

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., and that all fees

(To be used for future annual report notification)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2014

TOP REALTY GROUP, INC. 9200 SOUTH DADELAND BLVD. SUITE 410 MIAMI, FL 33156-2712

SUBJECT: TOP REALTY GROUP, INC.

Ref. Number: P05000018623

We have received your document for TOP REALTY GROUP, INC. and your check(s) totaling \$1835.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 605.0715, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 414A00002006