

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT -1 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000027902

1. Corporation Name

TOP ORCHIDS, INC.

REINSTATEMENT

CR2E081 (12/07)

07-08

2. Principal Office Address - No P.O. Box # 8241 Crosswicks Drive Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 634 Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Webster, Florida	
Zip 32819	Country	Zip 33597	Country

4. Date Incorporated or Qualified
To Do Business in Florida 02/23/2005

5. FEI Number 20-2391201
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street		
Suite, Apt. #, Etc. 4th Floor		
City Miami	State FL	Zip Code 33145

☒ The 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.

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 By: Natalia Utrera
Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN

Date 9-29-08

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
PTD	Ohashi, Hisae	8241 Crosswicks Drive	Orlando, Florida 32819
SVD	Ohashi, Takahiro	8241 Crosswicks Drive	Orlando, Florida 32819

900136822179
10/10/08 01044 004 **300.00
OCT 1 - 2008

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 contained in Chapter 119, 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: Hisae Ohashi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #