

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 29 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000104707

1. Corporation Name

TOPAHEAD INC

REINSTATEMENT 07-09
7009000046145

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

325 S Biscayne Blvd

Suite, Apt. #, etc.

4020

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

325 S Biscayne Blvd

Suite, Apt. #, etc.

4020

City & State

Miami FL

Zip

33131

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/10/2006

5. FEI Number
20-5358468

☐ **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

Abhishek Shrivastava

Street Address (P.O. Box Number is Not Acceptable)
325 S Biscayne Blvd

Suite, Apt. #, Etc.

4020

City

Miami

State

FL

Zip Code

33131

☒ **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.**

000162313340
10/29/09--01034--019 **450.00

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

REGISTERED AGENT MUST SIGN

Date **10/12/2009**

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	Abhishek Shrivastava	325 S Biscayne Blvd #4020	Miami FL 33131

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:

ABHISHEK SHRIVASTAVA

10/12/2009

305-600-0051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/09