

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000094286

1. Corporation Name

TOPDESTINATIONS CORP

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

1290 WESTON RD

3. Mailing Office Address

1290 WESTON RD

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

WESTON

City & State

WESTON

Zip

33326

Country

BROWARD

Zip

33326

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2007

5. FEI Number

26-0757880

☐ 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

ALEJANDRO VAZQUEZ

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

1290 WESTON RD

Suite, Apt. #, Etc.

SUITE 310

City

WESTON

State

FL

Zip Code

33326

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 **07/16/2010**

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	ALEJANDRO VAZQUEZ	1290 WESTON RD STE 310	WESTON FL 33326
VP	VIVIANA OLIVA	1290 WESTON RD STE 310	WESTON FL 33326

10. E-mail Address: **alex@latinamerica4less.com**

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/25/10

Daytime Phone #

FILED
10 AUG -2 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (6/10)

08-10

400183901674
08/02/10--01051--013 **1050.00

013