PLEASE BEAD A	ALL INSTRUCTIONS	BEFORE CO	DMPLETING THIS FORM.
FLORIDA DEPARTMENT OF STATE Secretary of State AIR DIVISION OF CORPORATIONS			FILED (CELTIFE
DOCUMENT # 794000 23943			98 MAY -6 AM 10: 49
1. Corporation Name			_\$50aabban 145 \$107 6
TOP ASSURANCE INTERNATIONAL, INC.			TĂĨĨĂĦŔĠſſſŖ, PŁŎŔĬĎA
Principal Place of Business Mailing Address			
NEW ADDRESS			
3969 NE 163rd Street N	orth Miami Beach, I	FL 33160	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable same as above	3 New Mailing Office Address. If Applicable		Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For
City & State	City & State	- 6	Not Applicable
Zip Country	Zip Country	<u> </u>	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	Stre	eet Address of Each	3 directors)
Title(s) 2 and/or Directors Officer and/or Directors 3 (Do NOT Use Post Office Box Nur			
DEMETRE POLITIS	SAME	AS AB	OUR SAME AS ABOUT
		'	700002522137—8 -05/13/9801091010 *****715.00_****715.00
8. Name and Address of Current R	egistered Agent	9.	. Name and Address of New Registered Agent
DEMETRE POLITIS DEM			ETRE POLITY
3969 N. E. 163 A Street Address (P.O. 3969			Box Number is Not Acceptable 3 val Street
TL 33160 City			State Zip Code 160
10. I, being appointed the registered agent of the above express proporation am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Particular Report Must sign			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No			
12. 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 filling 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 under section 119.07(3)(i), 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: SIGNATURE SIGNATURE OF SIGNING OFFICER OR DIRECTOR 1/15 4/27/98 305-949-2855			



April 27, 1998

Division of Corporations ATT: Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314

> RE: TOP ASSURANCE INTERNATIONAL INC., 20801 BISCAYNE BOULEVARD SUITE 455 MIAMI, FL 33180

Dear Sir:

As an aggrieved director of a now inactive Florida sub-chapter S Corporation, I am seeking to resolve and clarify an apparent mutual misunderstanding or miscommunication. The posted principal and mailing address of the aforementioned company has been obsolete since 1994. The actual current corporate residence is now situated at 3969 Northeast 163rd Street, North Miami Beach, Dade County, Florida, 33160.

I previously verbally articulated this new information to a Division of Corporations Assistant. Yet to this day, my new corporate address has not been duly noted or filed. The telephone assistant never directed me to update the Reinstatement Section with a formal document. I fear I may not have received crucial mailings from Tallahassee. Through counsel, I only recently discovered to my shock and dismay that my company has been administratively dissolved.

Due to my innocent mistake, I am enclosing herewith a check for \$715.00 to reinstate the subject corporation. It is my sincere belief that I should not incur a penalty to redress this misunderstanding. Your prompt attention to this matter is appreciated.

Sincerely,

Demetre Politis

President, Secretary & Treasurer Top Assurance International, Inc.