PLEASE READ ALL INS	STRUCTIONS BEFORE C	COMPLETING THIS FORM.	
	DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED	
DOCUMENT # P9400043204		97 JAN -6 PM 2: 44	
1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
TOP SEED INC.		TALLAHASSEE, LOTTO	
Principal Place of Business Mailing Address			1 11
74 2 EL VEDADO 742 EL VEDADO WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405			
		REINSTATEMENT 40	
If above addresses are incorrect in any way, line through incorrect. New Principal Office Address, If Applicable 3. New Miles	et information and enter correction below. ailing Office Address, if Applicable	Date Incorporated or Qualified	
Suite, Apt. #, etc. Suite, Apt. 58/7 Church, 11 (1 w 58/7	#, etc.	To Do Business in Florida	
City & State City & State City & State		65-0494072 Applied On the Applied On	ble
Zip 3 3 4 0 5 - Country U. 5 - Zip 3 3 4	70-5 Country	CERTIFICATE OF STATUS DESIRED Tor a Certificate of State	ulred us
7. Names and Street Addresses of Each Officer and/or Director (
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State / Zip	
D ZAMORA, JUAN C	742 EL VEDADO	WEST PALM BEACH FL 33405	
D PEREZ, ERNESTO J	853 KAYE ST	WEST PALM BEACH FL 33405	
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ني.			<u></u>
		2000020500920	_
		-01/02/97-01032-029 *****200_00 <u>***</u> **200.00	
8. Name and Address of Current Registered Agent Name		9. Name and Address of New Registered Agent	
ZAMORA, JUAN C	Street Address (P	P.O. Box Number is Not Acceptable)	_
	City	State Zip Code	
10. I, being appointed the registered agent of the above named co	rporation, am familiar with and accept the ob		
Signature of Registered Agent Date 11-1-9 C			
AEGISTERED A	AGENT MUST SIGN		
11. Does this corporation pay any intar Dept, of Revenue under S. 199.032	ngible tax to the 2. Florida Statutes. Yes	No See other side for information on intangible tax.)	

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:



11-1-94

561-586-5024