

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 SEP 25 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000003869

**1. Corporation Name**

TOTAL PRODUCTS INTERNATIONAL INC.

**2. Principal Office Address**

7295 NW 64TH ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33166

Country

US

**3. Mailing Office Address**

7295 NW 64TH ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33166

Country

US

**4. Date Incorporated or Qualified**

To Do Business in Florida

01/17/1995

**5. FEI Number**

65-0550182

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

FELIX ROSARIO

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

16011 SW 104TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

300004617023-6

10/01/01-01014-016

\*\*\*908.75 \*\*\*908.75

REINSTATEMENT

State Zip Code

FL 33196

**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

9/19/01

**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
PD	ARMANDO G. BARBA	11133 SW 145TH AVE.	MIAMI, FL. 33186
VPSD	FELIX ROSARIO	16011 SW 104TH TERRACE	MIAMI, FL. 33196
TD	ARMANDO J. BARBA	16541 SW 153RD PLACE	MIAMI, FL. 33187

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/30/01

Daytime Phone #

305 468-3991

CR2E081 (9/00)