PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -5 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000051064

1. Corporation Name

TOP HAT SERVICES, INC.

Principal Place of Business	Mailing Address
~~200 WEST CAMINO REAL~~ ~~SUITE G~~ ~~BOCA RATON FL 33432~~	~~200 WEST CAMINO REAL~~ ~~SUITE G~~ ~~BOCA RATON FL 33432~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Top Hat Services
1044 S. Military Tr. #306
Deerfield Beach Fl. 33442
USA

3. New Mailing Office Address, if Applicable

Top Hat Services
1044 S. Military Tr. #306
Deerfield Beach Fl. 33442

REINSTATEMENT

4. Date Authorized to Transact Business in Florida
00/00/1995 96

5. FEI Number
#65-059 3501
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~MC CANN, BILLY~~	~~200 WEST CAMINO REAL, SUITE G~~	~~BOCA RATON FL 33432~~
P,S	McCANN, William	1044 S. MILITARY TR, #306 ~~DEERfield Bch. Fl 33442~~	DEERfield, Bch, Fl. 33442
			400002022544--3 -12/06/96--01088--008 ****383.75 ****383.75
			12-5-96

8. Name and Address of Current Registered Agent

~~SUMMERS, LEE O ESQ.~~
~~2300 GLADES ROAD~~
~~SUITE 400W~~
~~BOCA RATON FL 33431~~

9. Name and Address of New Registered Agent

Name: William McCANN
Street Address (P.O. Box Number is Not Acceptable): 1044 S. MILITARY TR
Suite, Apt. #, Etc.: # 306
City: DEERfield BcH
State: FL
Zip Code: 33442

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: William McCann REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11/12/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, 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 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.

William McCANN

SIGNATURE: William McCann REQUIRED 11/12/96 (954)422 3140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005279 AP