

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019168

1. Corporation Name

TOP MARKETING & TRADING, INC.

Principal Place of Business

3956 TOWN CENTER BLVD
#314
ORLANDO FL 32837
US

Mailing Address

3956 TOWN CENTER BLVD
#314
ORLANDO FL 32837
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1996

5. FEI Number

65-0653097

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	GONZALEZ, JUAN A	3956 TOWN CENTER BLVD #314	ORLANDO FL

000003389880--0
-09/12/00--01050--016
****300.00 ****300.00

8. Name and Address of Current Registered Agent

GOULD, RONALD
1110 BRICKELL AVE., 7TH FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

EDUARDO FERNANDEZ

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

14501 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 400

City

Miami

State

FL

Zip Code

33131

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

8/7/00

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 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

Daytime Phone #

12/19/99

KE

(407) 797 3569