## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P96000019168 DOCUMENT #

1. Corporation Name

TOP MARKETING & TRADING, INC.

Principal Place of Business

Mailing Address

3956 TOWN CENTER BLVD

3956 TOWN CENTER BLVD

ORLANDO FL 32837

ORLANDO FL 32837

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		incorrect in any way, line the				<u> </u>			
New Principal Office Address, If Applicable     3. New Mai			iling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     03/01/1996				
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.		5 FELN		3/01/18	Т
City & State	3		City & State			5. FEI Number	65-0653097	<u> </u>	Applied For
City & State			City a State	3					Not Applicable
Zip		Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED		ional Fee required ificate of Status
								ior a cert	meate of Status
7. Names a	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonprof	it corporations must list at le	east 3 directors)			
Title(s)		Name of Officers			Street Address of Each Officer and/or Director		City / State / Zip		
1 , ,	2 and/or Directors		<del></del>	3 Officer and/or Director		··· <del>-</del> ···	4		
DP	DP GONZALEZ, JUAN A			3956 TOWN CENTER BLVD #314		ORLANDO FL			
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<del></del>	ß Nam	e and Address of Current	Registered Age	ent	<del>-</del> -1 "-	9 Name and	 Address of New Registerer	1 Agent	
	0. 11411	- GIND Address of Carrell			Name	3. Name and		- Agent	
					Illan	- GONZ	AWT:	سر- ستهد	· · · · · ·
	indez, edu					P.O. Box Number	is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
	RICKELL KE	y drive			2479		you a		
SUITE	400				Suite, Apt. #, Éte	C			
MIAMI	FL 33131				City		Stat	e Zip Co	ode
				_	City	20	Stat	32	ode タ3 テ
10. I. being	appointed th	e registered agent of the ab	ove named corpo	oration, am f	amiliar with and accept the	obligations of Sect	ion 607.0505, F.S. or 617.05	05, F.S.	
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				$\mathcal{A}$					
Signature o	nf	SIGNA						A 72	
Registered			_//				Date 10 20	<u>"                                    </u>	
		F	EGISTERED AC	BENT MUST	SIGN				·
11. I certify	that I am an o	officer or director or the rece	iver or trustee er	npowered to	execute this application as	provided for in cha	apter 607 or 617, F.S. I furthe	er certify th	at when filing
this reins	statement app	plication, the reason for diss	olution has been	eliminated,	the corporate name satisfies	the requirements	of section 607.0401 or 617.	0401, F.S.	, that all fees

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

## Top Marketing & Trading, Inc.

Orlando, 10/20/03

Att: Division of Corporations

Enclose you will find, the reinstate form and fee, the prior URB notices were not

received. Thank You.

Juan Alberto Gonzalez