2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000048893

1. Entity Name
TOP MECHANIC SERVICES INC.

FILED
09 SEP 28 PM 12:45

Principal Place of Business	Mailing Address
1890 W. 8TH AVE. HIALEAH, FL 33010	1890 W. 8TH AVE. HIALEAH, FL 33010

09112009 REINSTATEMENT CR2E098 (1/07) 09

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1890 W. 8 AVE	1890 W. 8 AVE
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Fl.	City & State: Hialeah, Fl
Zip: 33010 Country: U.S.A	Zip: 33010 Country: U.S.A

4. FEI Number: 65-0670101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, MARCOS A
1890 W. 8TH AVE.
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name: MARCOS A. ALVAREZ
Street Address (P.O. Box Number is Not Acceptable): 1890 W. 8 AVE
City: Hialeah FL Zip Code: 33010

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Marcos A. Alvarez 09/19/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2010, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ALVAREZ, MARCOS A 5 OLIVE DR., APTO 30 HIALEAH, FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200161079872 09/23/09--01034--009 **600.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST REYES, RAISA 202 E. 17 ST HIALEAH, FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200161079872 09/23/09--01034--010 **165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcos A. Alvarez 09/19/09 305-885-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #