

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000065609**

1. Corporation Name

TOPSYS COMPUTER, INC.

Principal Place of Business

Mailing Address

8940 NW 24TH TERRACE
MIAMI FL 33172

8940 NW 24TH TERRACE
MIAMI FL 33172

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

2. New Principal Office Address, If Applicable

8400 NW 17 ST

3. New Mailing Office Address, If Applicable

8400 NW 17 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

Zip

33126

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1997

5. FEI Number

65-0781610

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Addt'l 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
D	SHIH, JUSTIN	8940 NW 24TH TERRACE 8400 NW 17 ST	MIAMI FL 33172 33126
			300003046513--9
			11/17/99 01003 007
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESPINOSA, JORGE
5200 BLUE LAGOON DRIVE
SUITE 500
MIAMI FL 33126

Name

Elsa Liawapau

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

8400 NW 17 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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 10/15/99

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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/15/99

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 PM 2:23



REINSTATEMENT 99

CR20040 (8/99)