

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

SECOND FILING  
FILED

02 NOV 13 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
5020 SW 70TH AVE DAVIE FL 33314 US	1720 HARRISON STREET #6A HOLLYWOOD FL 33020

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	Zip
Country	Country

4. Date Incorporated or Qualified To Do Business in Florida		03/12/1998
5. FEI Number	65-0827867	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LEMKE, WILLIAM C	1720 HARRISON STREET #6A	HOLLYWOOD FL 33020
S	STEINBERG, HOWARD A.	1720 HARRISON ST 7B	HOLLYWOOD FL 33020

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
<p>LEMKE, WILLIAM C 1720 HARRISON STREET #6A HOLLYWOOD FL 33020</p>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
City	State	Zip Code	
FL			

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. or 617.0505, F.S.

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

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 REMOVED **10/30/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** *William L. Requa, Jr.* **10/30/02**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

October 30, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Top Real Estate, Inc.  
FEI # 65-0827867

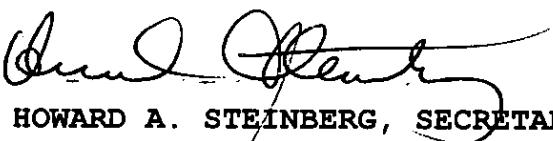
Gentlemen:

Enclosed please find a check for the amount of \$150 along with the 2002 Uniform Business Report. I never received the original in the mail.

Please accept my payment and waive all penalties and interest and kindly show my corporation Top Real Estate, Inc. as being active.

Thanking you in advance for your prompt attention to this matter.

Sincerely,

  
HOWARD A. STEINBERG, SECRETARY