

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 26 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000065162

1. Corporation Name

TOP PRODUCE, INC.

2. Principal Office Address

2225 S. GOLDENROD RD.
Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32822

Country

Orange

3. Mailing Office Address

2225 S. GOLDENROD RD.
Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32822

Country

Orange

REINSTATEMENT 2000

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/23/1998

5. FEI Number

59-3527183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

RIM, JEONG O

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

2225 S. GOLDENROD RD.

Suite, Apt. #, Etc.

City

ORLANDO

**State
FL**

Zip Code

32822

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT/MUST SIGN

Date 12-18-2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	RIM, JEONG O	1117 BURLWOOD CT.	LONGWOOD, FL, 32750

10. 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 #

12-18-2000

407-808-6938

CR2E081 (9/99)

TOP PRODUCE, INC
2225 S GOLDENROD RD
ORLANDO, FL 32822
407)628-4553
EIN:59-3527183

STATE OF FLORIDA
DIVISION OF CORPORATION
ANNUAL REPORTS FILINGS
P O BOX 1500
TALLAHASSEE, FL 32302-1500

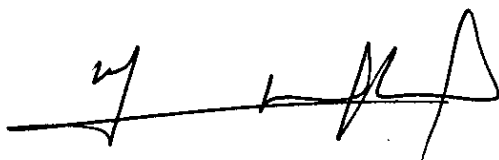
RE: REINSTATEMENT OF CORPORATION AS A ACTIVE STATUS

To whom it may concern,

We have never received first and second Notice of Annual report for the year 2000. We accidentally found out that our corporation became inactive on this day. Other mails have never been missed or misplaced. I believe that dissolution of my corporation was not my intention and fault. I pay the fee of reinstatement of \$750.00 ,but could you please remove penalties and refund whatever I entitled to?

I want you to expedite this reinstatement process as fast as you can.

Sincerely,

A handwritten signature in black ink, appearing to be a stylized name, possibly "J. H. Smith" or similar, written over a horizontal line.