

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000071774

1. Corporation Name

TOP W COMPANY LIMITED

Principal Place of Business

12700 SW 187 ST
9725 S.W. 184TH STREET
MIAMI FL 33157 33177

Mailing Address

12700 SW 187 ST
9725 S.W. 184TH STREET
MIAMI FL 33157 33177

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.

12700 SW 187 ST

City & State
MIAMI, FL. 3

Suite, Apt. #, etc.

12700 SW 187 ST

City & State
MIAMI, FL.

Zip
33177

Country
DADE MIAMI

Zip
33177

Country
MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1998

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
1	2	3	4
DP	SR. WEBB, MERSADIES LENNARD	9725 S.W. 184TH STREET 12700 SW 187 ST	MIAMI FL 33157-33177

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SR. WEBB, MERSADIES LENNARD
9725 S.W. 184TH STREET 12700 SW 187 ST
MIAMI FL 33157-33177

Name LENNARD Webb SR

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

11900 SW 199 ST

Suite, Apt. #, Etc.

MIAMI

City Miami

State FL

Zip Code 33177

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]

REGISTERED AGENT MUST SIGN

Date

10/19/99

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.

KE

SIGNATURE:

[Signature] LENNARD Webb SR

Date

10/19/99

Daytime Phone #

305-233-7950

To the Company 40 12700 SW 187 St
98000072774 Miami, FL 33178
15/12/99.

FLA DEPT OF STATE
KATHERINE HARRIS
Sec of State, Div of Corp.
MADAM,

2
DUE TO VANDALS Taking our
MAILS at the former Address, we
Had To Remove ~~the~~ Head Office.
I did not Receive the Papers
of Forms To file in August. That
is the Reason why we did not
file I am therefore Sending the
Fee of \$150 US \$ as I was
Told by the clerk in your office
Thank for your Cooperation.
Lennard Webb Sr
Elected President For said
Company