

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

04 NOV -3 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10142004 REIN-P CR2E098 (6/04)

MRS

DOCUMENT # P98000072877					
1. Entity Name TOPP COMM, INC.					
Principal Place of Business 8390 N.W. 25TH STREET MIAMI, FL 33122			Mailing Address 8390 N.W. 25TH STREET MIAMI, FL 33122		
2. Principal Place of Business 8390 N.W. 25th St. Suite, Apt. #, etc.		3. Mailing Address 8390 N.W. 25th St. Suite, Apt. #, etc.			
City & State Miami, FL 33122		City & State Miami, FL 33122		4. FEI Number 65-0858983	
Zip 33122		Country U.S.A.		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name: Corporate Creations Network, Inc. Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road #221E City: Palm Beach Gardens FL Zip Code: 33410		
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: <u>Karla Sarria</u> VP Corporate Creations DATE: 11/2/04 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLLAK, F J 8390 N.W. 25TH STREET MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Pollak, F J 8390 NW 25 Street Miami, Florida 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, GUSTAVO 8390 NW 25 STREET MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042802324 11/17/04--01005--005 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 10/14/04 Daytime Phone #: 805-640-2004		

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Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Topp Comm, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 158.75 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

by K. Samra as attorney-in-fact

Name: F.J. Pollak

Title: President

Date: 11/2/04