

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P98000106048**

1. Corporation Name

TOP SECRET WEAVE, INCORPORATED

Principal Place of Business

**315 SUNCREST COURT
OVIEDO FL 32765**

Mailing Address

**315 SUNCREST COURT
OVIEDO FL 32765**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1998

5. FEI Number

59-359-4215

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$4.75 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
F	FIGARO SMITH, PIPINA	315 SUNCREST COURT	OVIEDO FL 32765
P	MCCAULEY-BELL, PAMELA R	315 SUNCREST COURT	OVIEDO FL 32765

900003377599--1
-08/30/00--01045--023
*****900.00 *****900.00

900003377599--1
-08/30/00--01045--024
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

**MCCAULEY-BELL, PAMELA R
315 SUNCREST COURT
OVIEDO FL 32765**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Pamela M. Cauley Bell
REGISTERED AGENT MUST SIGN

Date

12/2/99

6/24/00

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 507.0401 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:

Pamela M. Cauley Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pamela M. Cauley Bell

Date

12/2/99

Daytime Phone #

6/24/00

KE