

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/23

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 OCT 24 PH 3:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F02000006435**

1. Corporation Name

**TOP BILLING, INC.**

Principal Place of Business

211 EVERGREEN TRACE  
 CANTON GA 30114

Mailing Address

PMB 317  
 3760 SIXES RD., STE 126  
 CANTON GA 30114

*Handwritten initials*

**REINSTATEMENT 2003**



*WOP*

900024082699

10/24/03--01024--018 \*\*\*158.75

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

*167 Trinity Ave.*

*Suite 200*

*Atlanta, GA 30310*

*30310*

*USA*

4. Date Incorporated or Qualified To Do Business in Florida

12/26/2002

5. FEI Number

58-2621864

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WALTERS, KAY	211 EVERGREEN TRACE	CANTON GA 30114

8. Name and Address of Current Registered Agent

HORNER, CATHRYN  
 1620 MAYFLOWER RD  
 FORT PIERCE FL 34950

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. or 617.0505, F.S.

Signature of Registered Agent

*Cathryn Horner*  
 REGISTERED AGENT MUST SIGN

Date *10/23/03*

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:

*Handwritten signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-2003

Date

770-704-6371

Daytime Phone #

CR2E040 (7/03)

Top Billing, Inc  
167 Trinity Avenue  
Suite 200  
Atlanta, GA 30310

2052

October 13, 2003

Glenda E. Hood  
Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Secretary of State:

Enclosed is the completed application for reinstatement and a check for \$158.75 for the reinstatement fee and certificate of status for Top Billing, Inc.

I do not recall receiving the prior uniform business reports (UBR) notices. Please note the correct billing address is 167 Trinity Avenue, #200  
Atlanta, GA 30303

Yours truly,



Kay M Walters  
President  
TBI