

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F71942**

1. Corporation Name

NORTHERN TOPMARK CORPORATION

Principal Place of Business

1541 BRICKELL AVE
PENTHOUSE 3906
MIAMI FL 33129
US

Mailing Address

1541 BRICKELL AVE
PENTHOUSE 3906
MIAMI FL 33129
US

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

03/11/1982

5. FEI Number

59-2258293

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
PD	SMETEK-DAVIS, BERTHA	1541 BRICKELL AVE PENTHOUSE 3906	MIAMI FL 33129
STV	DAVIS, BILL G.	1541 BRICKELL AVE PENTHOUSE 3906	MIAMI FL 33129

808083871618-9
-12/15/99--01076--024
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SMETEK-DAVIS, BERTHA
1541 BRICKELL AVENUE, UNIT NO. 2702
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name

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

1541 Brickell Avenue, Penthouse 3906

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

Bertha Smetek-Davis
REGISTERED AGENT MUST SIGN

Date **November 17, 1999**

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:

Bill G. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bill G. Davis, Vice President

November 17, 1999

Date

(305) 358-1000

Daytime Phone #

0025140 (8/99)