

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K04881**
1. Corporation Name
TOP SHOP INC

FILED
99 OCT 28 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8735 S.W. 136th Street
Miami Florida 33176

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		4. Date Incorporated or Qualified To Do Business in Florida 1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 592526 331	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	JULIETTE WILLIAMS	9221 RIDGELAND DR MIAMI	MIAMI, FLA 33157
SECRETARY	L. ELISE LONEY	12705 S.W. 95th CT	MIAMI, FLA 33176
OFFICER	FELIPE WILLIAMS	13542 SW 179th ST	MIAMI, FLA 33177

200003035892--1
-11/05/99--01013--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
L. ELISE LONEY 12705 S.W. 95th CT MIAMI FLA 33176		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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 **L. Elise Loney** Date **10/99**
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: **L. Elise Loney** **L. ELISE LONEY** 10/99 (303) 971-5785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (2/98)

TOP SHOP, INC.
8735 S.W. 136TH STREET
MIAMI, FL 33176

10/20/99

2
X

X

To whom it may
concern

Request taken by: sprather
10-13-1999

*

Apparently our new
address was in your
computer incorrectly;
for this reason we did
not receive a renewal
form

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

this year. I
was told to fill
out this form and
submit the \$150.00
annual renewal
fee. Thanks

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

L. Elsie