

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K 04881**

1. Corporation Name

TOP SHOR, INC.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

336 132 SEAGROVE MAIN ST. 132 SEAGROVE MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE

City & State

ST AUGUSTINE

Zip

Country

32080

USA

Zip

Country

32080

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12-3-1987

5. FEI Number

65-0019786

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

L. ELISE LONEY

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

336 SAN NICOLAS WAY

Suite, Apt. #, Etc.

City

ST AUGUSTINE

State

FL

Zip Code

32080

APR 07 2016

D CONNELL

700283817247
04/08/16--01023--019 **150.00

700283817247
03/25/16--01035--020 **943.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

L. Elise Loney

REGISTERED AGENT MUST SIGN

Date **3-23-2016**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------|--------------------------------------|---|---------------------------------|
| P. | L. ELISE LONEY | 336 SAN NICOLAS WAY | ST AUGUSTINE, FL 32080 |
| D | PETER LONEY | 336 SAN NICOLAS WAY | ST. AUGUSTINE, FL. 32080 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: **LONDONLOOK@AOL.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

PETER LONEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-16

Date

305 772 6156

Daytime Phone #