

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000114448

1. Limited Liability Company's Name

TOP QUALITY ROOFING COMPANY LLC

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

12447 Muraro Groves

Suite, Apt. #, etc.

City & State

Groveland, FL

Zip

32836

Country

USA

3. Mailing Office Address

12447 Muraro Groves

Suite, Apt. #, etc.

City & State

Groveland, FL

Zip

32836

Country

USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Courtney Williams

Courtney Williams

Asst. Vice President

Date

04.06.15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	Angela Sandbrink	12447 Muraro Groves	Groveland, FL 32836

REINSTATEMENT

2011-2015

S. HAWKES
APR - 6 AM.
EXAMINER

11. E-mail Address:

TOPQualityRoofing@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. 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. 817.155, F.S.

Signature of authorized representative/member

Angela C. Sandbrink

Date

4-3-15

Daytime Phone #

407-443-2697

Typed or printed name of signing authorized representative/member

Angela C. Sandbrink

FILED

15 APR 4 AM 8:17

ALTA CHASSE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

11/03/2010

6. FEI Number

59-3405047

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

300271458503



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

April 6, 2015

TOP QUALITY ROOFING COMPANY, LLC
6556 CHANTRY ST
ORLANDO, FL 32835

SUBJECT: TOP QUALITY ROOFING COMPANY, LLC
Ref. Number: L10000114448

We have received your document for TOP QUALITY ROOFING COMPANY, LLC and the authorization to debit your account in the amount of \$377.50. However, the document has not been filed and is being returned for the following:

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2011 through 2015; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$793.75.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II


Letter Number: 515A00006804

RECEIVED
DEPARTMENT OF STATE
15 APR 10 PM 4:31

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 574864 7952985

AUTHORIZATION : 

COST LIMIT : \$793.75

ORDER DATE : April 2, 2015

ORDER TIME : 1:04 PM

ORDER NO. : 574864-010

CUSTOMER NO: 7952985

DOMESTIC FILINGS

NAME: TOP QUALITY ROOFING COMPANY
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____