


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT
2014-2015

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2015 DEC 31 AM 10:02

DOCUMENT # **L13000173674**

1. Limited Liability Company's Name

Tip Top Shape Property Services LLC

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

4518 S Hale Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4518 S Hale Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33611

Country

US

Zip

33611

Country

US

8. Name and Address of Current Registered Agent

Name

Nathan Castro

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

4518 S Hale Ave

Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/18/13

6. FEI Number

46-4329570

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

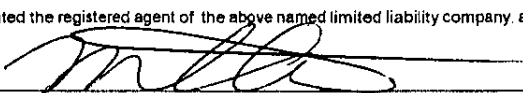
\$5.00 Additional Fee required for a certificate of status

400280035784
02/02/16--01012--026 **138.75

400280035784
12/14/15--01035--005 **238.75

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



REGISTERED AGENT MUST SIGN

Date

12/9/15

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
owner	Nathan Castro	4518 S Hale Ave	Tampa, FL 33611

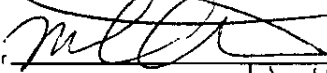
11. E-mail Address

TipTopShapePropServ@yahoo.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



Date

12/9/15

Daytime Phone #

813-382-4207

Typed or printed name of signing authorized representative/member

Nathan Castro

Bm July