

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 23 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004910

1. Corporation Name

TOPNOTCH BOXING INC.

2. Principal Office Address

2535 W 23 ST

Suite, Apt. #, etc.

City & State

JAX, FL

Zip

32209

Country

U.S.A

3. Mailing Office Address

2535 W 23 ST

Suite, Apt. #, etc.

City & State

JAX, FL 32209

Zip

32209

Country

U.S.A

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 27, 2002

5. FEI Number

01-0731940

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

YASIN T. MAJID

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

2535 W. 23 ST

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32209

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

Yasin T. Majid

REGISTERED AGENT MUST SIGN

Date 6/21/05

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
<u>P</u>	<u>YASIN T MAJID</u>	<u>2535 W. 23 ST</u>	<u>JACKSONVILLE, FL 32209</u>

10. 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:

Yasin T. Majid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/05

Date

(904) 651-7487

Daytime Phone #

CR2E081 (01/05)