

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000091466

1. Corporation Name

TOPLINE APPLIANCE DEPOT, INC.

Principal Place of Business

Mailing Address

795 SOUTH WICKHAM ROAD  
WEST MELBOURNE FL 32904

795 SOUTH WICKHAM ROAD  
WEST MELBOURNE FL 32904

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/2000

5. FEI Number

59-3696149

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>PVP</del>	BARNAS, ROBERT P	830 CRAWFORD CT	MERRITT ISLAND FL 32952
<del>VPS</del>	<del>BARNAS, CHRISTOPHER</del>	<del>7667 N. WICKHAM</del>	<del>MELBOURNE FL 32904</del>
P	Robert A. Schenk	3020 Coventry Ct	Cocoa FL 32926

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARNAS, ROBERT P  
830 CRAWFORD CT  
MERRITT ISLAND FL 32952

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Robert A. Schenk*

REGISTERED AGENT MUST SIGN

Date

12-26-03

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., 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:

*Robert A. Schenk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-26-03

Daytime Phone #

FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04



000025810560

02/13/04--01039--021 \*\*150.00

000025810560

12/29/03--01038--021 \*\*750.00

CR2E040 (7/03)