

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

000000099415  
TOP Down Sales INC.

2. Principal Office Address

6619 ft Pierce Blvd

Suite, Apt. #, etc.

City & State

ft Pierce, Fla

Zip

34951

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/19/03

5. FEI Number

651054410

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

John P Lally

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

6619 ft Pierce Blvd

Suite, Apt. #, Etc.

ft Pierce Florida 34951

City

State

FL

Zip Code

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

John P Lally

REGISTERED AGENT MUST SIGN

Date

01/31/05

**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
President	John P Lally	6619 ft Pierce Blvd	ft Pierce, Florida 34951

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:

John P Lally

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/31/05

Daytime Phone #

CR2E081 (01/04)

**TOP DOWN SALES INC.**

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6619 Fort Pierce Blvd  
Fort Pierce Florida 34951  
772-528-5030

February 3, 2005

TO WHOM IT MAY CONCERN,

WE ARE WRITTING TODAY TO LET YOU KNOW THAT WE NEVER RECEIVED A RENEWAL  
FORM FOR OUR CORPORATION. DUE TO THE FACT OF OUR ADDRESS CHANGE. PLEASE  
REINSTATE OUR CORPORATION.

SINCERELY,

JOHN P LALLEY