

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 13 PM 3:01

SEC. TALLA... FLORIDA

DOCUMENT # P00000107477

1. Corporation Name

HOPPER'S TOPSIDE, INC

2. Principal Office Address

315 WILMA CIRLCE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVIERA BEACH, FL

City & State

Zip

33404

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/2000

5. FFL Number

65-1055710

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-06

7. Name and Address of Current Registered Agent

Name

CINDY HOPPER

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

315 WILMA CIRCLE

Suite, Apt. #, Etc.

City

RIVIERA BEACH

State

FL

Zip Code

33404

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

Cindy A. Hopper
REGISTERED AGENT MUST SIGN

Date 12/1/06

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 |
|--------|--------------------------------------|---|-------------------------|
| D | CINDY HOPPER | 315 WILMA CIRCLE | RIVIERA BEACH, FL 33404 |
| | | | |
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| | | | |
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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 contained in Chapter 119, 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:

Cindy A. Hopper DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/06
Date

Daytime Phone #

262

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

November 10, 2006

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: HOPPER'S TOPSIDE, INC.
FEIN: 65-1055710
Document #: P00000107477
Tax Form: UBR
Tax Period: 2001, 2002, 2003, 2004, 2005 & 2006

To Whom It May Concern:

We have enclosed check #2011 in the amount of \$900.00 for the 2001, 2002, 2003, 2004, 2005, & 2006 Corporate Reinstatement of. HOPPER'S TOPSIDE, INC., Document # P00000107477.

Please abate the late filing penalty. Ms. Hopper did not receive the original Annual Reports and the corporation did not intentionally avoid the filings.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

bk