

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000055726**

1. Corporation Name

TOP-LINE TECHNOLOGY MARKETING, INC.

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

3349 Bradenham Lane

Suite, Apt. #, etc.

n/a

City & State

Davie, FL

Zip

33328

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

n/a

City & State

n/a

Zip

n/a

Country

n/a

7. Name and Address of Current Registered Agent

Name

Michael Internoscia

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

3349 Bradenham Lane

Suite, Apt. #, Etc.

n/a

City

Davie

State

FL

Zip Code

33128

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

REGISTERED AGENT MUST SIGN

Date **2/13/2008**

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
	Michael Internoscia	3349 Bradenham Lane	Davie, FL 33328

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:

Michael Internoscia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2008

Date

954-445-4434

Daytime Phone #

APPROVED
AND
FILED

2-14-08
dy

08 FEB 14 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000118061480
02/14/08--01039--006 **758.75

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida **5/30/2001**

5. FEI Number
651114220

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.