PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 18 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000077173**

1. Corporation Name

TIP TOP INC.,

Principal Place of Business	Mailing Address
404 MARTIN LUTHER KING BLVD BOYNTON BEACH FL 33435	507 S.W. 6TH STREET DELRAY BEACH FL 33444

REINSTATEMENT 02-03

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
5047 SE Isabelita Ave.	5047 SE Isabelita Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Stuart, FL	Stuart, FL
Zip: 34997-6761 Country: United States	Zip: 34997-6761 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 07/31/2001

5. FEI Number: 65-1127316 ☐ 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
P	TAYLOR, LINDA D	5047 SE Isabelita Ave.	Stuart, FL 34997-6761
			000009495110 02/17/03--01081-006 **150.00
			000009495110 12/12/02--01124--008 **500.00
			000009495110 02/17/03--01081--007 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TAYLOR, LINDA D 5047 SE Isabelita Ave Stuart FL 34997-6761	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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: SIGNATURE REQUIRED — Date
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #