

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

02 NOV 22 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000085465

1. Corporation Name

VIEWTOP41, INC.

100009167411
11/22/02--01039--008 **158.75

2. Principal Office Address

311 SE 17th PLACE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FLORIDA

City & State

FLORIDA

Zip

34471

Country

MARION

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/2001

5. FEI Number

59-3741488

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

William Deane

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

1597 62nd Ave. N.

Suite, Apt. #, Etc.

City

ST. Petersburg

State

FL

Zip Code

33702

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

William Deane

REGISTERED AGENT MUST SIGN

Date

11/18/02

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
PRES/ VP/ TREAS/SEC	CHRISTOPHER L. HINTON	311 SE 17th PLACE	OCALA, FLORIDA 34471

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER L. HINTON

Daytime Phone #

Date

Nov 1/2002

CR2001 (9/01)



November 14, 2002

Department of the State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Florida Department of State,

My attorney and I formed the Florida Corporation, Viewtop41, Inc. on August 29th, 2001. We further applied for the usage of the fictitious name "Brooke Insurance" and received the State of Florida approval to operate an Insurance agency as Viewtop41, Inc. dba Brooke Insurance.

At the time of application we were using the address of 1301 N.E. 8th Avenue, Ocala, Florida, however on September 3rd, 2001...I acquired another insurance agency in Ocala and decided to utilize the address of the new insurance agency.

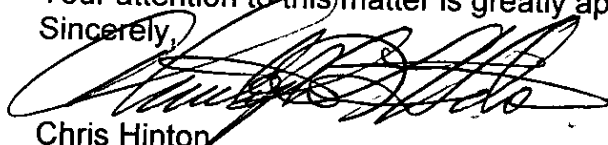
On January 23rd, 2002 my attorney and I corrected the bylaws of the corporation to reflect the address change, and I posted the new address change with the U.S. Postal Service.

Then your Department sent out renewals for all Florida Corporations and I did not receive my renewal through the U.S. Postal system. I certainly would like to renew the corporation filings for Viewtop41, Inc. and I am submitting the appropriate paperwork and fees to do so.

I hope that everything is in order and that you are able to process my request without any delay. Further, I would like to have a certificate of status sent to the corrected address of;

Viewtop41, Inc. dba Brooke Insurance
311 S.E. 17th Place, Ocala, Florida 34471

Your attention to this matter is greatly appreciated,
Sincerely,



Chris Hinton
Owner/Agent

311 SE 17th Place Ocala, Florida 34471
Ph: 352-351-5444 Fax: 352-351-8834