

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000121579

1. Entity Name
BLACK TOP INC.



FILED

08 MAR 18 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1555 SEMORAN BLVD
SUITE 1131
WINTER PARK, FL 32792 US

Mailing Address

1555 SEMORAN BLVD
SUITE 1131
WINTER PARK, FL 32792 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

69 N RIVERWALK DR

Suite, Apt. #, etc.

City & State
PALM COAST, FL 32137

Zip

Country



REINSTATEMENT 03162008 REIN-P CR2E098 (1/07) 7-08

4. FEI Number
47-0847737

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOLENTINO, JONATHAN
501 GOODLETTE RD
SUITE D-100
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TOLENTINO, JAMES ☐ Delete
STREET ADDRESS 217 COLUMBUS AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE V/D
NAME DELL'ANGELO, NICK ☐ Delete
STREET ADDRESS 9562 ROSEWALK CT
CITY-ST-ZIP ORLANDO, FL 32825

TITLE T/D
NAME TOLENTINO, BENIGNO ☐ Delete
STREET ADDRESS 417 DIVISION AVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME KEGAN, JONATHAN F ☐ Delete
STREET ADDRESS 2408 GRESHAM DRIVE
CITY-ST-ZIP ORLANDO, FL 32807

TITLE D
NAME ROSA, MICHAEL ☐ Delete
STREET ADDRESS 8596 LYONIA DRIVE
CITY-ST-ZIP ORLANDO, FL 32829

TITLE S/D
NAME TOLENTINO, AURORA L ☐ Delete
STREET ADDRESS 417 DIVISION AVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 600120758466
STREET ADDRESS 03/19/08--01040--004 ***300.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 69 N RIVERWALK DR
CITY-ST-ZIP PALM COAST, FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 69 N RIVERWALK DR
CITY-ST-ZIP PALM COAST, FL 32137

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2008 386 439-2983

Date

Daytime Phone #