

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000105317

1. Corporation Name

TOP NOTCH PLUMBING, INC.

Principal Place of Business

504 CATHY LANE
MEXICO BEACH FL 32456

Mailing Address

504 CATHY LANE
MEXICO BEACH FL 32456

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

03 DEC 15 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2002

5. FEI Number

82-0566284

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GROH, MICHAEL	3580 CR 386	PORT ST JOE FL 32456
VD	GIFFEN, STEPHEN	504 CATHY LANE	MEXICO BEACH FL 32456
V.P.	KING, Timothy	504 Cathy Ln	Mexico Beach, Fl. 32456

900025786249
12/29/03--01010--006 **158.75

8. Name and Address of Current Registered Agent

GROH, MICHAEL
504 CATHY LANE
MEXICO BEACH FL 32456

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Michael Groh
Michael Groh

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:

Michael Groh
Michael Groh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

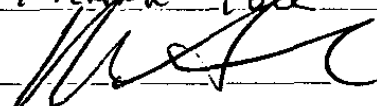
CR2E040 (7/03)

292

To: Florida Dept. of State
Division of Corporations

Re. Top Notch Plumbing, Inc.
2003 For Profit Corporation
Uniform Business

Please be advised that No Request for
this Renewal was Received prior to this
notice. ~~We feel that~~

Thank You

Michael Groh