

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 17 AM 9:35

Annual report
DOCUMENT # P03000 115532

1. Corporation Name

Topp Quality Painting, Inc.

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

3365 Kent Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, Fla

City & State

Zip

32935

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2003

5. FEI Number

20-0291949

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

ARTHUR TOPP

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

3365 Kent Drive

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

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

Auth C Topp

Date

05/13/2010

REGISTERED AGENT MUST SIGN

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
PDTs	Arthur Topp	3365 Kent Dr.	Melbourne, Fl. 32935
		TS 5/19/10	

10. E-mail Address: actopp@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Auth C Topp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/2010

Date

321-259
0515

Daytime Phone #