

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC -7 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000128303**

**1. Corporation Name**

Top Quality Flooring, Inc.

W06-48710

**2. Principal Office Address**

4343 Flamingo Blvd.

Suite, Apt. #, etc.

**City & State**

Port Charlotte, FL

**Zip**

33954

**Country**

USA

**3. Mailing Office Address**

4343 Flamingo Blvd.

Suite, Apt. #, etc.

**City & State**

Port Charlotte, FL

**Zip**

33954

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/10/04

**5. FEI Number**

20-1618051

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 05-06  
CRZE001 (12/05)

**7. Name and Address of Current Registered Agent**

**Name**

Pasquale Malagisi

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

4343 Flamingo Blvd.

Suite, Apt. #, Etc.

**City**

Port Charlotte

**State**

FL

**Zip Code**

33954

**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**

**REGISTERED AGENT MUST SIGN**

**Date** 11/03/06

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P,D	Pasquale Malagisi	4343 Flamingo Blvd.	Port Charlotte, FL 33954
			100081550451 11/06/06--01034--002 **150.00

**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 contained in Chapter 119, 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:**

*Pasquale Malagisi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/06

Date

941-623-3591

Daytime Phone #

2072

Top Quality Flooring, Inc.  
4343 Flamingo Blvd.  
Port Charlotte, FL 33954  
941-623-3591

November 3, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: P04000128303

Dear Sirs,

We are requesting that the reinstatement fee for this corporation be waived because we did not receive the annual report notice in the year that our corporation was dissolved. We are inclosing a check for \$150.00 to cover the annual report and supplemental fees for the year that our corporation was dissolved and request that we be reinstated.

Thank you for your attention to this matter.

Sincerely,



Pasquale Malagisi  
President