

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000156452

1. Corporation Name

TOP CHOICE AUTO SALES INC

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

628 DEWITT ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO - FL

City & State

Zip

Country

32808 USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Heminara PERSAUD

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

2725 LAKE MOORE DR

Suite, Apt. #, Etc.

City

OR

State

FL

Zip Code

32828

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

Heminara PERSAUD

REGISTERED AGENT MUST SIGN

Date

9-16-07

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
owner	Heminara PERSAUD	2725 LAKE MOORE DR	OR FL 32828
	<u>\$19/21</u>		

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:

Heminara PERSAUD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-07

Date

407-616-4241

Daytime Phone #

FILED

07 SEP 19 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600109657176
09/19/07--01040--020 **1058.75

REINSTATEMENT

05-07

4. Date Incorporated or Qualified To Do Business in Florida

11-16-04

5. FEI Number

020746973

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒

\$9.75 Additional Fee required for a Certificate of Status

☐ The 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.