

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 25 AM 9:44

DOCUMENT # P04000161706

1. Corporation Name

TOP SHELF AMUSEMENT, INC

400111461294
10/29/07--01066--002 **150.00

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

975 IMPERIAL GOLF COURSE BLVD 975 IMPERIAL GOLF COURSE BLVD

Suite, Apt. #, etc.

78

3. Mailing Office Address

Suite, Apt. #, etc.

78

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/04

5. FEI Number

36-4565303

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

ANTHONY FALCIGNO

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

975 IMPERIAL GOLF COURSE BLVD

Suite, Apt. #, Etc.

78

City

NAPLES

State

FL

Zip Code

34110

☒ 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.

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

X Anthony Falcigno

REGISTERED AGENT MUST SIGN

Date 10/26/07

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
PRE	ANTHONY FALCIGNO	975 IMPERIAL GOLF COURSE BLVD	NAPLES, FL 34110

REINSTATEMENT

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:

X Anthony Falcigno

ANTHONY FALCIGNO

10/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #