

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 18 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 05000102842

1. Corporation Name

TOP Choice Mortgage Co  
7808 NW 17 PLACE  
Pembroke Pines FL 33024

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

7808 NW 17 PLACE

3. Mailing Office Address

7808 NW 17 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33024

Country

USA

Zip

33024

Country

USA

100163787041

12/18/09--01037--004 \*\*300.00

CR2E081 (11/09)

08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

7-22-05

5. FEI Number

203178083

☐ 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

MUSSETT ALBA

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

7808 NW 17 PLACE

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024



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

*[Signature]*

Date

12-14-09

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
V	ALBA, Mussett	7808 NW 17 PLACE	Pembroke Pines FL 33024

10. E-mail Address: LARRY JENNER @ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-14-09

Daytime Phone #

914 328-4289