

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

08 JUN -4 PM 2: 01

DOCUMENT # P06000091352

1. Corporation Name

Florida Top Quality Home Improvement, Inc.

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

5291 FOX TRACE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33417

Country

USA

3. Mailing Office Address

5291 FOX TRACE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33417

Country

USA

800130723528  
06/04/08--01008--025 \*\*300.00  
CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/11/2006

5. FEI Number  
56-2599233

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

JENNIFER NICHOLS

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

10693 WILES ROAD

Suite, Apt. #, Etc.  
#121

City

CORAL SPRINGS

State

FL

Zip Code

33076

☒ 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

*Jennifer Nichols*  
REGISTERED AGENT MUST SIGN

Date 5/27/08

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
P	GREGORY GORDON	5291 FOX TRACE	WEST PALM BEACH, FL 33417
VP	ESMELDA CLARKE	5291 FOX TRACE	WEST PALM BEACH, FL 33417

REINSTATEMENT 07-08

B 6/5/08

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:

*Gregory Gordon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/08  
Date

Daytime Phone #