

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 17 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000024558

1. Corporation Name

TOP TECH INC. OF OCALA

Principal Place of Business

~~8880 O.E. FINE AVE.~~
OCALA FL 34472

Mailing Address

~~8880 O.E. FINE AVE.~~
OCALA FL 34472



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

TOP TECH INC

Suite, Apt. #, etc.

8971 S. HWY 441

City & State

OCALA, FL

Zip

34480

Country

MARCON

3. New Mailing Office Address, If Applicable

TOP TECH INC

Suite, Apt. #, etc.

8971 S. HWY 441

City & State

OCALA, FL

Zip

34480

Country

MARCON

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1995

5. FEI Number

59-3306113

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	NOHR, STEVEN K	8880 O.E. FINE AVE. 8971 S. HWY 441	OCALA FL 34480 34480
V	CARPENTER, SEAN D	8880 O.E. FINE AVE. 8971 S. HWY 441	OCALA FL 34480 34480
			400002350334-1 -11/18/97-01042-018 ***750.00 ***750.00
			APR 11/14

8. Name and Address of Current Registered Agent

NOHR, STEVEN K
~~8880 O.E. FINE AVE.~~
OCALA FL ~~34480~~

9. Name and Address of New Registered Agent

Name

NOHR, STEVEN K.

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

8971 S. HWY 441

Suite, Apt. #, etc.

City

OCALA

State
FL

Zip Code
34480

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11-10-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97
Date

3428866
Daytime Phone #

CR2040 (9/97)