

PA5000051064

Attorneys' Title Insurance Fund, Inc.

(Requestor's Name)

660 East Jefferson Street, Suite 200

(Address)

Tallahassee, FL 32301 222-2785

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

20000122-182
-06/29/95--01046--038
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Top Hat Services, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

6:30
10:00 AM

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

D. BROWN JUN 30 1995

Examiner's Initials

FILED
95 JUN 29 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
TOP HAT SERVICES, INC.**

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the Corporation shall be:

Top Hat Services, Inc.

The address of the principal office of this corporation shall be 200 W. Camino Real, Suite G, Boca Raton, Florida 33432 and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$0.001 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 2300 Glades Road, Suite 460W, Boca Raton, Florida 33431, and the name of the initial registered agent of the corporation at that address is Lee C. Summers, Esq..

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Jim Skag
Director

200 W. Camino Real, Suite G
Boca Raton, Florida 33432

Billy Mc Cann
Director

200 W. Camino Real, Suite G
Boca Raton, Florida 33432

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Lee C. Summers, Esquire
2300 Glades Road
Suite 400 - East
Boca Raton, Florida 33431

IN WITNESS WHEREOF, the undersigned has hereunto set their hand and
seal on June 28, 1995.


Lee C. Summers

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION**

Lee C. Summers, having a business office identical with the registered office
of the corporation named above, having been designated as the Registered Agent in the
above foregoing Articles, is familiar with and accepts the obligations of the position of
Registered Agent under Section 607.0505, Florida Statute.


Lee C. Summers

FILED
95 JUN 29 AM 9:35
STATE
TALLAHASSEE, FLORIDA

P9500051064



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 24, 1996

JAMES L. SCAGG
468 N.W. 45TH TERRACE
DEERFIELD BEACH, FL 33442

SUBJECT: TOP HAT SERVICES, INC.
Ref. Number: P9500051064

0000001876490
-06/26/96--01092--005
*****35.00 *****35.00

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (904) 467-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 096A00026257

RECEIVED

95 JUN 24 AM 8:45

DIVISION OF CORPORATIONS

96 JUN 25 AM 11:02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Off Receipt

JUN 24 1996

May 15, 1996

State of Florida
Dept. of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Top Hat Services, Inc.
Ref. #P95000051064

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN 25 AM 11:02

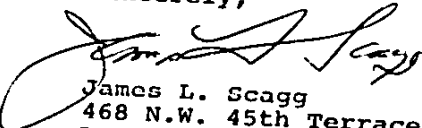
To whom it may concern:

This letter is to notify you that effective April 1, 1996 I tendered my resignation as President, Treasurer and Director of Top Hat Services, Inc. I have relinquished all rights, obligations and authorities pertaining to Top Hat Services, Inc. I have assigned all of my stock back to the Treasury of said company.

William McCann is now the sole stockholder, officer, and director of Top Hat Services, Inc. William McCann's address is 1044 S. Military Trail, #306, Deerfield Beach, FL 33442.

Additionally there was a misspelling of my name on the articles of incorporation, Jim Skag - should read Jim Scagg.

Sincerely,



James L. Scagg
468 N.W. 45th Terrace
Deerfield Beach, FL 33442

cc: William McCann
Lee C. Summers, Esq.
William Wellsbery, CPA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC -5 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000051064**

1. Corporation Name

TOP HAT SERVICES, INC.

Principal Place of Business

Mailing Address

~~200 WEST CAMINO REAL
SUITE 0
BOCA RATON FL 33432~~

~~200 WEST CAMINO REAL
SUITE 0
BOCA RATON FL 33432~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Top Hat Services
1044 S. Military Tr. #306
Deerfield Beach Fl. 33442

Top Hat Services
1044 S. Military Tr. #306
Deerfield Beach Fl. 33442

USA

REINSTATEMENT

5. FEI Number

#65-0593501

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
0	MCCANN, BILLY	200 WEST CAMINO REAL, SUITE 0	BOCA RATON FL 33432
P, S	MCCANN, William	1044 S. MILITARY TR. #306 DEERFIELD Bch. FL 33442	DEERFIELD, Bch. FL 33442
			400002022544-3 -12/06/96--01088--008 ***383.75 ***383.75

8. Name and Address of Current Registered Agent

~~SUMMERS, LEE G EGG~~
~~2300 GLADES ROAD~~
~~SUITE 400W~~
~~BOCA RATON FL 33431~~

9. Name and Address of New Registered Agent

WILLIAM MCCANN
Street Address (P.O. Box Number is Not Acceptable)
1044 S. MILITARY TR
Suite, Apt. #, Etc.
306

City

DEERFIELD Bch

State

FL

Zip Code

33442

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 **William McCann**

REGISTERED AGENT MUST SIGN

Date **11/12/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

WILLIAM MCCANN

SIGNATURE:

William McCann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/96

Date

(954) 422-3140

Daytime Phone #