

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P- 960000487-05

1. Corporation Name

Top Stop Auto Body & Paint, Inc.

2. Principal Office Address

1251 N. Dixie Highway

Suite, Apt. #, etc.

Bay 3

City & State

Pompano Beach

Zip

33064

Country

Broward

3. Mailing Office Address

541 South Stater Rd 7

Suite, Apt. #, etc.

Suite 1

City & State

Margate, Florida.

Zip

33068

Country

Broward

400009122834  
11/20/02--01087--002 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

9-22-2000

5. FEI Number

65-0673707

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

Antonio Neto Fernandes

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

420 NW 46th Street

Suite, Apt. #, Etc.

City

Pompano Beach, Florida.

State

FL

Zip Code

33064

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

XXX

Date

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
D/Pres	Antonio Neto Fernandes	420 NW 46th Street	Pompano Beach Florida. 33064

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 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:

Antonio Neto Fernandes, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-15-02

954-781-7970

Daytime Phone #

CR2E081 (9/00)



# *The Accounting Clinic*

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November 15, 2002

Florida Department of Revenue  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida. 32314

Gentlemen;

My client did not received his yearly corporate annual report for 2002 It is respectfully requested that the enclosed \$ 150.00 be accepted and his corporation be reinstated. To avoid this from occurring in the future, I inserted my address as the mailing address of the corporate annual report.

You cooperation and understanding is appreciated.

Sincerely,

Carl Fedele, Former  
I.R.S. Field Agent

CF;rk