FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2023 AUG 24 AM 9:52

SECRETARY OF STATE
TALLAHASSEE FL

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000609523

1. Corporation Name

Top Notch Services Inc.

600414573616
08/24/23--01021--008 **185.00

600414573616
11/16/22--01023--020 **1050.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5188 Dockyard Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Land O Lakes FL	
Zip / Country	Zip / Country
34639 U.S.	

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3489521 — 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: Dominick Bonelli

Street Address (P.O. Box Number is Not Acceptable): 5188 Dockyard Pl.

Suite, Apt. #, Etc.:

City: Land O Lakes — State: FL — Zip Code: 34639

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: _____ Date: 6-9-23

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.	Dominick Bonelli	5188 Dockyard Pl.	Land O Lakes FL 34639
		Reinstatement 20.23	
			dcc

10. E-mail Address: _____ SEP 14 2023

(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 the 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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 6-9-23

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #