

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 26 AM 11:12

1 of 2

99-02

DOCUMENT # *P98000052184*

1. Corporation Name

Top Notch of South FL. Corp.

2. Principal Office Address

9431 TONI DR.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

USA

3. Mailing Office Address

9431 TONI DR.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-08-98

5. FEI Number

☒ 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

LAURA B HRYTZAY

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

9431 TONI DR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Laura B Hrytzay

REGISTERED AGENT MUST SIGN

Date *2-25-02*

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
VP	<i>Lloyd Hrytzay</i>	<i>9431 TONI DR.</i>	<i>MIAMI FL 33157</i>
Pres	<i>LAURA HRYTZAY</i>	<i>9431 TONI DR.</i>	<i>MIAMI FL 33157</i>

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:

Laura B Hrytzay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02 305-235-3143

Date

Daytime Phone #

PS

2042

[Click here and type return address]

Top Notch of South Fl. Corp.

February 22, 2002

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

Dear Sir or Madam:

Due to a change of address. I have just learned that my corporation is no longer in good standing with the state of Florida. Therefore, I am sending you the \$600.00 that is due to the state. We are in the process of building a larger facility and will not have to relocate again.

Sincerely,



Arthur Lloyd Hrytzay
Vice President
Top Notch of South Florida Corp.

9431 Toni Drive Miami Florida 33157

P.S. PLEASE WAIVER FEES,

[Click here and type slogan]

Charter Number Only

2/25/02 Evelyn

Requestor's Name
Address
City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

Top Notch of South Fl. Corp.

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier