

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 PM 1:16

DOCUMENT # P99000001428

1. Corporation Name

TOP'S CHOICE HAMBURGERS INC. OF NAVARRE

Principal Place of Business

Mailing Address

8072 NAVARRE PKWY  
NAVARRE FL 32566

8072 NAVARRE PKWY  
NAVARRE FL 32566



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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3546055

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROSICKA, MATTHEW S	27 ALEXANDER PLACE	FT. WALTON BEACH FL 32548

800003446858-9

11/01/00 01052 006

\*\*\*158.75 \*\*\*158.75

10/31

8. Name and Address of Current Registered Agent

ROSICKA, MATTHEW  
8072 NAVARRE PKWY  
NAVARRE FL 32566

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/17/00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00

Date

850-244-4212

Daytime Phone #

1/11/00

Please note that this is the first  
Notice that I have received for the  
Corporation reporting fee. I have  
enclosed a check in the amount of  
158.75 for each corporation.

Annual Report 61.25

Corpor. fee 88.75

Cert. of status 8.75

158.75 59-3546054

158.75 59-3546055

Matthew Rosicki

M. Rosicki President