

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JAN 15 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000016958**

1. Corporation Name

**TOPTREZ, INC.**

Principal Place of Business

**14832 SW 166 STREET  
MIAMI FL 33187**

Mailing Address

**13727 SW 152 STREET  
# 107  
MIAMI FL 33177**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**2001-2002 UBR**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/19/1999**

5. FEL Number

**65-0895705**

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PV	TREZONA, DONALD G	14832 SW 166 STREET	MIAMI FL 33187
ST	TOPERCER, WILLIAM	12 HARBOR ISLAND DRIVE	KEY LARGO FL 33037

**100004880121--0**

**02/05/02 01037 019**

**\*\*\*\*300.00 \*\*\*\*300.00**

8. Name and Address of Current Registered Agent

**TREZONA, ELISA  
14832 SW 166 STREET  
MIAMI FL 33187**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Elisa C. Trezona*

REGISTERED AGENT MUST SIGN

Date

**1/02/02**

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

*Donald G. Trezona* **Donald G. Trezona** 1/2/02

Date

Daytime Phone #

**305-252-2322**

CR2040 (8/01)



**GardenScapes  
& Services, Inc.**

202

**January 2, 2002**

**Department of State  
Division of Corporations/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327**

**To Whom It May Concern:**

**Enclosed please find Application for Reinstatement on both of my Corporations. I never received any notices for 2001.**

**Thank you.**

*Elisa C. Trezona*  
**Elisa C. Trezona  
Office Manager**