

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

04 OCT 18 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

P99 000031320

Top Notch Masonry, Inc.

2. Principal Office Address

420 21<sup>st</sup> St. SW

Suite, Apt. #, etc.

3. Mailing Office Address

420 21<sup>st</sup> St. SW

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

Country

U.S.

City & State

Naples, FL

Zip

34117

Country

U.S.

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

4/5/99

5. FEI Number

59-3564060

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

Christian B. Felden Esquire

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

40 Felden and Felden, 3838 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 411b

City

Naples

State

FL

Zip Code

34117

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

Christian B. Felden

Date

10/14/04

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
P/D	Shane D Daniels	420 21 <sup>st</sup> St. SW	Naples, FL 34117
S/D	Sheila R. Daniels	420 21 <sup>st</sup> St. SW	Naples, FL 34117

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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:**

Sheila R. Daniels (Sheila R. Daniels)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/04

Daytime Phone #

(239) 348-9000

CR2081 (01/04)