

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 21 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 999000093130

1. Corporation Name

Top Quality Trim, Inc.

224 N.W. 40 Terrace  
224 N.W. 40 Terrace

WOM-22520

2. Principal Office Address  
224 N.W. 40 Terrace

3. Mailing Office Address  
224 N.W. 40 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33442

Country

U.S.A

Zip

33442

Country

U.S.A

4. Date Incorporated or Qualified

To Do Business in Florida 10/22/1999

5. FEI Number

650960221

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03

**7. Name and Address of Current Registered Agent**

Name

James Baker

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

224 N.W. 40 Terrace

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

300037813303  
06/09/04--01076--001 \*\*450.00

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

*[Signature]*

Date

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
N/A			
Pres	James Baker	224 NW 40 Terr	Deerfield Bch FL 33442

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)931-5119

Date

Daytime Phone #

CR2E081 (01/04)

2082

Top Quality Trim, Inc.  
224 N.W. 40 Terrace  
Deerfield Beach, FL 33442

Florida Department of State  
Division of Corporation Reinstatement  
P.O. Box 6327  
Tallahassee FL 32314

RE: Reinstatement

Please be advised that I did not receive the 2002 Uniform Business Report for renewal. I called the division of corporation and was advised to complete a "Corporation Reinstatement" form and send in a check for \$450.00 to be reinstated.

If any information is not correct please call my cellular phone (954)931-5119.

Thank you in advance for your help.

Sincerely,

ⓧ 

James Baker  
Top Quality Trim, Inc.