

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 524331

1. Corporation Name

TOP QUALITY PARTIALS, INC

2. Principal Office Address

175 SEMORAN COMMERCE PL SAME

Suite, Apt. #, etc.

SUITE D

City & State

APOPKA, FL

Zip

32703

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

1-10-91

5. FEI Number

59-3053977

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

JAMES S. HIGGINS

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

1505 WAR ADMIRAL DRIVE

Suite, Apt. #, Etc.

City

DELAND

900003157289-4

State

FL

Zip

32727

Code

01113

Date

03/08/00

Fee

01113

Fee

01113

Fee

01113

Fee

01113

Fee

01113

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

REGISTERED AGENT MUST SIGN

Date

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	JAMES S. HIGGINS	1505 War Admiral Drive	DeLand FL
S/T	CINOT HIGGINS	1505 War Admiral Drive	DeLand FL
			97-99 AR TS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/08/00 407 8866111

Per conversation with...



KENNETH R. CAMPBELL, CPA, P.C.
CERTIFIED PUBLIC ACCOUNTANT

2179 NORTHLAKE PARKWAY, BUILDING 5, SUITE 117
TUCKER, GA 30084 770-934-3723 FAX 770-934-4084

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February 8, 2000

Division of Corporations
Annual Report/Reinstatement Section
Attn: Tyrone
P. O. Box 6327
Tallahassee, Florida 32314

Re: Top Quality Partials, Inc.

Dear Sirs:

On behalf of our above named client we are responding to your request for payment of fees related to the Florida annual report.

Please note that our client has not received a request for payment or a form for completion for the annual report since 1997. After review with your office it was discovered that your office had the wrong address for our client. Only by accident because a postman knew our client did a letter from you get to our client this year.

Please find enclosed a completed reinstatement form for our client along with the requested amount of \$615.00 which I believe covers 1997, 1998, 1999 and 2000 in the amount of \$165.00 per year.

Please do not hesitate to call us if you have any questions or need additional information.

Sincerely,

A handwritten signature in cursive script that reads 'Kenneth R. Campbell'.

Kenneth R. Campbell, C.P.A.

Enc.

cc: Top Quality Partials, Inc.