

102
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 5 40276

1. Corporation Name

TOPSLAB FORM ERECTING CO., INC.

2. Principal Office Address

5240 Coy Burgess Loop

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

De Funiak Springs, FL

City & State

Zip

Country

32435

Walton

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3154420

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

Clifton Foreman

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

220 Englebrecht Road

Suite, Apt. #, Etc.

City

De Funiak Springs

State

FL

Zip Code

32435

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

Clifton Foreman
REGISTERED AGENT MUST SIGN

Date 8/21/04

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	Clifton J Foreman	5240 Coy Burgess Loop	De Funiak Spgs FL 32435
V	Christopher Foreman	220 Englebrecht Rd	De Funiak Spgs FL 32435
T	Steven E Foreman	5240 Coy Burgess Loop	De Funiak Spgs FL 32435
			800040592858 08/27/04--01076--020 **150.00
			800040592858 08/27/04--01076--021 **150.00

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

Steve Foreman

Date

5/14/04

Daytime Phone #

8508922752

CR2E081 (01/04)

202

DAVID R JOHNSON CPA
1265 HWY 331 SOUTH
DEFUNIAK SPRINGS, FL 32435
PH: 850-892-2750
FAX: 850-892-9299

March 16, 2004

RE: TOPSLAM FORM ERECTING CO., INC

Dear Sir or Madam:

Our client was unaware that their corporate dues were not paid in 2003. They did NOT receive a corporate renewal report and did not know to pay the filing fee. Please activate them and we regret the oversight. Here is the \$150.00 fee for that period and the \$150.00 fee for this period. If you have any questions, call 850-951-2323. Thank you!

Janie Carroll
Payroll Clerk

540276