

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 15 PM 4:00

DOCUMENT # **P00000070659**

1. Corporation Name

TURNER ASSOCIATES INVESTMENT CORPORATION II

Principal Place of Business

10960 WINDING CREEK LANE
BOCA RATON FL 33428

Mailing Address

10960 WINDING CREEK LANE
BOCA RATON FL 33428



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
215 N. FED HWY STE 5B

City & State
BOCA RATON, FL

Zip
33432 Country
Palm Beach

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2000

5. FEI Number

☒ 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
PD	TURNER, GREGORY L DECEASED	10960 WINDING CREEK LANE	BOCA RATON FL 33428
D	TURNER, LINDA A	10960 WINDING CREEK LANE	BOCA RATON, FL 33428
UP	ANTHONY SASSO	2871 N. OCEAN BLVD	BOCA RATON, FL 33428
D	ROBERT CURLEY	10960 WINDING CREEK LANE	BOCA RATON, FL 33428
			300004880363--E
			-02/05/02--01047--020
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

TURNER, GREGORY L
10960 WINDING CREEK LANE
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

LINDA A. TURNER

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

10960 WINDING CREEK LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

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

Linda A. Turner
REGISTERED AGENT MUST SIGN

Date **12/21/2001**

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.

AD

SIGNATURE: **Linda A. Turner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/2001 **561-251-0788**
Date Daytime Phone #

CR2040 (8/01)