PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 SEP 14 AM 6:58

DOCUMENT # 805782

1. Corporation Name
TURNER SUPPLY COMPANY

700303515587

CR2E081 (11/10)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
250 NORTH ROYAL STREET	250 NORTH ROYAL STREET
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: MOBILE, AL	City & State: MOBILE, AL
Zip: 36602 County: USA	Zip: 36602 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/28/1944

5. FEI Number: 63-0213410 ☐ 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: C T Corporation System

Street Address (P O Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation, State: FL Zip Code: 33324

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: C T Corporation System by: Kimberly Steinmetz (REGISTERED AGENT MUST SIGN)
Kimberly Steinmetz
Vice President and
Assistant Secretary
Date: 10/12/2017

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
CEO	Howard Schramm, Jr	250 NORTH ROYAL STREET	MOBILE, AL 36602
P	Howard Schramm III	250 NORTH ROYAL STREET	MOBILE, AL 36602
VP	Tommy Thompson	250 NORTH ROYAL STREET	MOBILE, AL 36602
CFO	Michael Clarke	250 NORTH ROYAL STREET	MOBILE, AL 36602

10. E-mail Address: kmcgowan@turnersupply.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Michael Clarke — Michael Clarke — 8/2/2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724
850-508-1891 (cell)

Date: 9/14/17
ACCT. I20160000072

Name:	TURNER SUPPLY COMPANY
Document #:	
Order #:	# 1047518 2

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing: Certified:
~~Plain:~~
COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 3300.00

Thank you!