

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

01 NOV 16 PM 12:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F99000003962**

1. Corporation Name

**TURTLE CLAN CONSULTING, INC.**

Principal Place of Business

Mailing Address

605 BAYWOOD DRIVE  
 LYNN HAVEN FL 32444

605 BAYWOOD DRIVE  
 LYNN HAVEN FL 32444

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3586593

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCST	RAMSEY, DONALD R	605 BAYWOOD DRIVE	LYNN HAVEN FL 32444
<del>S</del>	<del>RAMSEY, JANE A</del>	<del>605 BAYWOOD DRIVE</del>	<del>LYNN HAVEN FL 32444</del> PRR DNR
			300004691573--9 -11/21/01--01090--013 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

Name **DONALD R. RAMSEY**

Street Address (P.O. Box Number is Not Acceptable)  
**605 BAYWOOD DRIVE**

Suite, Apt. #, Etc.

City **LYNN HAVEN**

State **FL**

Zip Code **32444**

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

*Donald Ray Ramsey*  
 REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

*DONALD R. RAMSEY*  
*Donald Ray Ramsey*  
*Donald Ray Ramsey*

10/23/01

Date

850-265-1653

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

605 Baywood Drive  
Lynn Haven, FL 32444  
October 16, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

Upon receipt of a notice of Administrative Dissolution or Revocation of my corporation, Turtle Clan Consulting, Inc., Document Number F99000003962, I immediately called your office.

I would ask that you waive the penalty fees for failure to receive any notice of such dissolution.

Enclosed you will find the completed form which was my understanding (from Michelle, my phone contact on October 15, 2001) would serve as the uniform business report and a check for \$211.25 (\$150.00 + 61.25 annual report fee.)

Thank you for your time and consideration in this matter.

Sincerely,

*Donald Ray Ramsey*  
*Donald Ray Ramsey*

Donald Ray Ramsey  
President

Enclosures (2)

RECEIVED  
01 NOV 16 AM 11:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA