

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS\*

DOCUMENT # H14964

1. Corporation Name

TURKO PACKING INC.

W99-27131

Principal Place of Business

Mailing Address

1331 GUNN HWY  
ODESSA, FLORIDA  
33556

P.O. BOX 227  
ODESSA, FLORIDA  
33556

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

8/8/84

SP

5. FEI Number

59-2446320

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	DONALD E. ROBINSON SR.	4650 BAY BLVD.	PORT RICHEY, FLORIDA 34668
VPRES.	DONALD E. ROBINSON JR.	7437 SWAN LAKE DRIVE	NEW PORT RICHEY, FL 34655
SEC/TREA	SANDRA HIGGINS	1217 E. LEMON STREET	TARPON SPRINGS, FL 34689
			900003077919--4 -12/22/99--01052--005 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DONALD E. ROBINSON SR.  
P.O. BOX 227  
ODESSA, FLORIDA 33556

Name

DONALD E. ROBINSON SR.

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

1331 GUNN HWY

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

*Donald E. Robinson, Sr.*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Sandra Higgins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-99

Date

813-920-7469

Daytime Phone #