

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H 15997**

1. Corporation Name

***Turpin Enterprises, Inc.**

Principal Place of Business

Mailing Address

**2926 Forest Brook Drive, East
Lakeland, FL 33811**

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

Polk

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/1985

5. FEI Number

59-2583002

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Turpin W. Barrett, Jr.	2926 Forest Brook Drive, E.	Lakeland, FL 33811
S	Mary D. Barrett	2926 Forest Brook Drive, E.	Lakeland, FL 33811
D	Turpin W. Barrett, Jr.	2926 Forest Brook Drive, E.	Lakeland, FL 33811
D	Mary D. Barrett	2926 Forest Brook Drive, E.	Lakeland, FL 33811

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******900.00 ****900.00**

8. Name and Address of Current Registered Agent

**Mary D. Barrett
2926 Forest Brook Drive, East
Lakeland, FL 33811**

9. Name and Address of New Registered Agent

Name
Mary D. Barrett
Street Address (P.O. Box Number is Not Acceptable)
2926 Forest Brook Drive, East
Suite, Apt. #, Etc

City
Lakeland

State Zip Code
FL 33811

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

Mary D. Barrett
REGISTERED AGENT MUST SIGN

Date **3/18/99**

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

Date

941/644-2210
Daytime Phone #