

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAY 19 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K 96286

1. Corporation Name

TURNER COMMUNICATIONS CORP.

2. Principal Office Address

4100 NE 22 AVE

Suite, Apt. #, etc.

206

City & State

MIAMI, FL

Zip

33137

Country

USA

3. Mailing Office Address

4100 NE 22 AVE

Suite, Apt. #, etc.

206

City & State

MIAMI

Zip

FL

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/2/92

5. FEI Number

65-0129506

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

LAWRENCE O. TURNER, JR.

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

4100 NE 22 AVE

Suite, Apt. #, Etc.

206

City

MIAMI, FL

State

FL

Zip Code

300019325963

05/19/03--01085--014 \*\*450.00

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 5/13/03

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
Ch	ROBERTA B. TURNER	4100 NE 22 AVE, #206	MIAMI, FL 33137
P	LAWRENCE O. TURNER, JR.	4100 NE 22 AVE, #206	MIAMI, FL 33137

10. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LAWRENCE O. TURNER, JR.  
PRESIDENT

5/13/03 205-573-9996

Date

Daytime Phone #

CR2E081 (10/02)

5/12/03



May 13, 2003

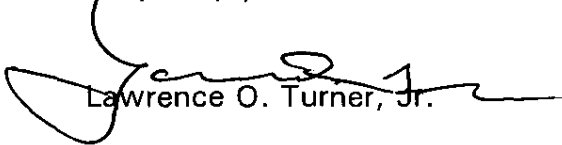
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find an application for corporation reinstatement for Turner Communications Corp. (K96286). We did not receive the annual report for 2001 because of a change in address to the address on this letterhead. Accordingly, we are requesting that the reinstatement fee be waived. Enclosed is our check in the amount of \$450 to cover the fees for the years for which no report was filed. Please note the corrected address in the corporation's files.

Please call me if you require any additional information.

Very truly yours,

  
Lawrence O. Turner, Jr.

cc: [illegible]

cc: [illegible]  
cc: [illegible]  
cc: [illegible]  
cc: [illegible]

4100 N.E. Second Ave.,  
Suite 206,  
Miami, Florida 33137  
Phone: (305) 573-9996  
Fax: (305) 573-9055