

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

03 NOV 13 PM 1:54 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000298

Name and Mailing Address

0004173 01 AT 0.292 **AUTO TB 0 0615 32935-899707



THE TURNER GROUP OF FLORIDA, LLC
1270 N. WICKHAM RD. #7
MELBOURNE FL 32935-8997



CR2E084 (7/03)

2. New Mailing Address

3816 murrell Rd

City, State, Zip

Rockledge FL 32955

Principal Place of Business

1270 N. WICKHAM RD. #7
MELBOURNE FL 32935

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/07/2000

6. FEI Number

59-3616086

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.
1270 N. WICKHAM RD., #7
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

Name

Kimberly Turner

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

3816 murrell Rd

Rockledge FL

32955

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Kimberly Turner **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/5/2003

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TURNER, KIMBERLY	1270 N. WICKHAM RD. #7	MELBOURNE FL 32935
MGR	TURNER, DARYL	1270 N. WICKHAM RD. #7	MELBOURNE FL 32935

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REINSTATEMENT 03

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Kimberly Turner **SIGNATURE REQUIRED**

Date 11/5/2003

Daytime Phone # (321) 638-3638

Typed or printed name of signing Managing Member/Manager

Kimberly Turner