

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO5000049346

1. Corporation Name

Turtle Pool And Spa, LLC

2. Principal Office Address - No P.O. Box #

12385 74th Ave N.

Suite, Apt. #, etc.

City & State

Seminole FL

Zip

33772

Country

US

3. Mailing Office Address

12385 74th Ave N.

Suite, Apt. #, etc.

City & State

Seminole FL

Zip

33772

Country

US

FILED

15 DEC 31 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5-18-2005

5. FEI Number

20-3394512

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

JASON SANCHEZ

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

12385 74th Ave N.

Suite, Apt. #, Etc.

5.

City

Seminole

State

FL

Zip Code

33772

200280516372
12/31/15--01012--003 **1500.00

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

Date 12/29/15

REGISTERED AGENT MUST SIGN

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
mm	JASON SANCHEZ	12385 74th Ave N	Seminole FL 33772

REINSTATEMENT

2015-2016

10. E-mail Address: Jmsgroupcontracting@gmail.com

(To be used for future annual report notification)

DEC 31 2015

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., and 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

JASON SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/15

Date

207-580-5550

Daytime Phone #