

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2017 DEC 22 PM 1:29

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DOCUMENT # LC9C000 54734

1. Limited Liability Company's Name

TurnPros - Property Maintenance Specialists LLC

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

2409 Laurell Dr.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallah., FL

City & State

Zip

32303

Country

US

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

06/04/2009

6. FEI Number

27-0463362

☐ 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

Name Ernest E. Beaumont III

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

2440 Papillion Way

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

E-mail Address:

turnproat@fcho.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

[Signature]

Date 12/22/17

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MAN	Ernest E. Beaumont	2409 Laurell Dr.	Tallah., FL 32303

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. 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 of  
Authorized Person

[Signature]

Date

12/22/17

Daytime Phone #

(888) 251-2634

Typed or printed name of signing Authorized Person

TUM  
12/22/17  
(init)