

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 10:30

DOCUMENT # **P00000017717**

1. Corporation Name

TURNER OFFSHORE, INC.

FLORIDA DEPARTMENT OF STATE
500009046855000
11/18/02--01046--018 **750.00

Principal Place of Business

50 N. LAURA ST., STE. 3100
JACKSONVILLE FL 32202

Mailing Address

P.O. BOX 571
PONTE VEDRA FL 32004



REINSTATEMENT 2002

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Turner offshore, inc

Suite, Apt. #, etc.

147 Trade St.

City & State

Charleston, SC

Zip

29401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2000

5. FEI Number

59-3633502

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TURNER, R.E. IV	P.O. BOX 571 N/A	PONTE VEDRA BEACH FL 32004

8. Name and Address of Current Registered Agent

PROM, STEPHEN G ESQ
50 N. LAURA ST., STE. 3100
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *11/15/02*

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. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

843-437-4354