

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000040452

1. Corporation Name

TUNE TURNER 1 INC.

Principal Place of Business

410 JOHN SIMS PARKWAY
NICEVILLE FL 32578

Mailing Address

637 SUGAR DRIVE
SANTA ROSA BEACH FL 32459



REINSTATEMENT 03

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/2001

5. FEI Number

59-3743466

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
P	TURNER, WILLIAM J	637 SUGAR DR. 1720 LEE LANE	SANTA ROSA BEACH FL 32459 DUSTIN FL 32541
S	Turner, Alvin R.	121 Waynel Circle SE	Fort Walton Beach, FL 32548-7254

800023862508
10/16/03--01085--004 **150.00

8. Name and Address of Current Registered Agent

TURNER, WILLIAM J
637 SUGAR DRIVE
SANTA ROSA BEACH FL 32459

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

ALVIN R. Turner
121 Waynel Circle SE
Fort Walton Beach

FL

32548-7254

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

Alvin R. Turner
REGISTERED AGENT MUST SIGN

Date 13 OCT 2003

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:

Alvin R. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 13 2003 850 678-1789

Date

Daytime Phone #

CR2E040 (7/03)

Tune Turner 1, Inc.
410 John Sims Parkway
Niceville, FL 32578
William J. Turner, President
October 13, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Tune Turner1, Inc Doc # P01000040452

I respectfully request that the corporation status be reinstated and that the fee be waived, as I did not receive the previous UBR notices for filing. I had moved from the previous address of 637 Sugar Drive, Santa Rosa Beach, FL 32459 and failed to file a change of address.

I have enclosed the completed Application for Reinstatement with check # 2305 for \$150.00 to cover the standard filing fee.

I have submitted a changed of Registered Agent and the mailing address of the Corporation to a stable address, as I will be moving again in the spring.

I request that you look favorably on this request.

Sincerely,

A handwritten signature in black ink, appearing to read "W. J. Turner", written over the word "Sincerely,".

William J. Turner
Previous Registered Agent
Tune Turner 1, Inc., President