

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED 142

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 APR 14 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000061274

**1. Corporation Name**

T.S. TURNER INC

REINSTATEMENT 04-06

**2. Principal Office Address**

709 A N. US #1

Suite, Apt. #, etc.

**3. Mailing Office Address**

709 A N. US #1

Suite, Apt. #, etc.

**City & State**

Port Pierce Fla

**Zip**

34950

**Country**

US.

**City & State**

Port Pierce, Fla.

**Zip**

34950

**Country**

US.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/18/01

**5. FEI Number**

65-1126227

**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**

Tonya Gayle Turner

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

713 Cedar Pl.

**Suite, Apt. #, Etc.**

**City**

Port Pierce

**State**

FL

**Zip Code**

34950

600074057356

05/05/06--01030--001 \*\*450.00

**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

Tonya G Turner

REGISTERED AGENT MUST SIGN

Date

4/6/06

**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
PTD	Tonya Gayle Turner	713 Cedar Pl.	Port Pierce Fla. 34950
S	ELMA SPANN	111 N. 21st	Port Pierce Fla 34950

**10. 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 contained in Chapter 119, 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:

Tonya G Turner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/06

Daytime Phone #

772-489-8855

T.S. TURNER INC.  
PELICAN LIQUORS

709 N US HIGHWAY 1  
FORT PIERCE, FL 34950

1-772-489-8855

1-772-460-2443 FAX

T.S.TURNER INC @AOL.COM

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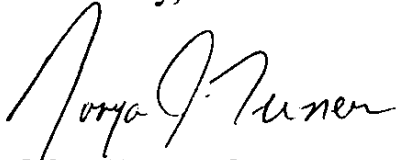
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April 6, 2006

Dear Divisions of Corporations,

This letter is to inform you that I was unaware of the ~~2004~~ letter sent out regarding the Annual Report. This letter was sent to an incorrect address. The above address is the correct address for any future business issues that concerns T.S Turner Inc.

Sincerely,



Mrs. Tonya G. Turner, Owner