

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR -2 A 9 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083990

1. Corporation Name

E L Turner Investment Inc

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

3. Mailing Office Address

4327 Trenton Dr North

4327 Trenton Dr North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, Florida

Jacksonville, Florida

Zip

Country

Zip

Country

32209

USA

32209

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/2001

5. FEI Number

753026891

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

Walker Yvonne C

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

1771 West Edgewood Avenue

Suite, Apt. #, Etc.

#4

City

Jacksonville

State

FL

Zip Code

32208

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Yvonne Walker

Date

3/30/09

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
S	Williams, Maria	6843 Corday Rd	Jax / Fla / 32208
D	Antoine Pearson	4327 Trenton Dr N	Jax / Fla / 32209

REINSTATEMENT

07-09

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:

Antoine Pearson

Antoine Pearson

(Pres)

Date

3/30/09

Daytime Phone #

(904) 224-3986