

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

APAC 202

DOCUMENT # P01000089935

1. Corporation Name

TURBONATOR.COM, INC.

FILED

02 OCT 29 AM 9:05

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



500008675105  
10/29/02--01136--017 \*\*150.00

Principal Place of Business

10423 SHADY DR  
HUDSON FL 34669

Mailing Address

10423 SHADY DR  
HUDSON FL 34669

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	RICH, JAMES S	10423 SHADY DR	HUDSON FL 34669

02 UBL 178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICH, JAMES S  
10423 SHADY DR  
HUDSON FL 34669

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-24-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. RICH

Date

10-24-02

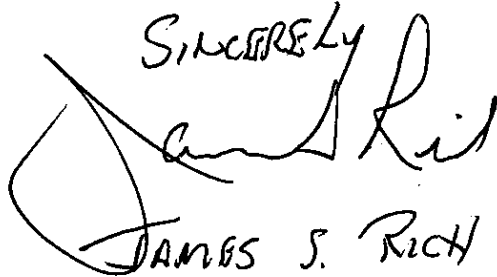
Daytime Phone #

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DEAR SIR,

THIS MY FIRST YEAR IN BUSINESS, AND THE  
1ST NOTIFICATION I HAVE FROM YOUR OFFICE. PLEASE  
SEND ANY OTHER PAPER WORK I NEED TO COMPLETE.  
I SPOKE WITH JUSTIN IN YOUR OFFICE AND AM DOING  
AS HE INSTRUCTED ME. PLEASE ADVISE.

SINCERELY

  
JAMES S. RICH