

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000089935	
1. Entity Name <input checked="" type="checkbox"/> TURBONATOR.COM, INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -7 AM 10:12

Principal Place of Business 1901 BRINSON ROAD UNIT I6 LUTZ, FL 33558	Mailing Address 1901 BRINSON ROAD UNIT I6 LUTZ, FL 33558
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2. Principal Place of Business - No P.O. Box # 6467 Land O' Lakes Blvd Suite, Apt. #, etc.	3. Mailing Address 6410 Barcellona Road Suite, Apt. #, etc.
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06192008 REIN-P CR2E098 (1/07)

City & State Land O' Lakes, FL	City & State Land O' Lakes, FL
Zip 34638	Country USA
Zip 34637	Country USA

4. FEI Number 59-3746463	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARKOVIC, NICOLE 1901 BRINSON ROAD UNIT I6 LUTZ, FL 33558	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6410 Barcellona Road City Land O' Lakes FL Zip Code 34637	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Nicole Markovic</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 7/1/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKOVIC NICOLE 1901 BRINSON ROAD, UNIT I6 LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Markovic, Nicole 6410 Barcellona Rd Land O Lakes, FL 34637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARKOVIC, NENAD 1901 BRINSON ROAD, UNIT I6 LUTZ, FL 33558 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700132373527 07/07/08--01060--010 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

B 7/8/08
REINSTATEMENT 07-08

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Nicole Markovic</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 7-1-08 813-318-2614 <small>Date Daytime Phone #</small>