

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102347

1. Corporation Name

TURBOSOFT, INC.

Principal Place of Business

3304 COBBS DR  
PALM HARBOR FL 34684

Mailing Address

3304 COBBS DR  
PALM HARBOR FL 34684

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

10/22/2001

5. FEI Number

59-3757593

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
D	WERTZ, JOHN	3304 COBBS DR	PALM HARBOR FL 34684

700008879207

11/07/02--01089--015 \*\*150.00

11/1/02

8. Name and Address of Current Registered Agent

WERTZ, JOHN  
3304 COBBS DR  
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

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 11/1/2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/2002

727-785-3752

Turbosoft, Inc.  
3304 Cobbs Drive  
Palm Harbor, FL 34684

Department of State

11/1/2002

This letter is to inform you that we did not receive the two prior UBR notices and that we wish to have Turbosoft, Inc. reinstated.

Thank You

John Wertz - Director

A handwritten signature in cursive script, appearing to read "John Wertz", is written over the printed name.