

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 JAN -5 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000008545**

1. Corporation Name

**TURBINE PARTS REPAIR, INC.**

2. Principal Office Address

**410 WEST HERMAN ST**

Suite, Apt. #, etc.

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

**PENSACOLA FL**

City & State

Zip

Country

Zip

Country

**32505**

**REINSTATEMENT**

CR2E08T (12/05)

**05-06**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1-24-02**

5. FEI Number

**02-0545719**

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

**JOHN P. SCOTT**

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

**901 E YONGE ST**

Suite, Apt. #, Etc.

City

**PENSACOLA**

State

**FL**

Zip Code

**32503**

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

*John P. Scott*  
REGISTERED AGENT MUST SIGN

Date **12-22-06**

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
<b>CPS</b>	<b>RICHARD G TODD</b>	<b>6724 S. GRANITE AVE</b>	<b>TULSA OK 74136</b>

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:

**R G TODD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12-19-06 9184971950**

Daytime Phone #

11/9 ad

212

**Turbine Parts Repair, Inc.**  
**410 West Herman Street**  
**Pensacola, FL 32505**

December 19, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

We moved two times in the last few years and have not received notice of filing our annual report.

Enclosed please find check for \$300.00 to cover the annual fees. We respectfully request a waiver of the Reinstatement Fee.

The enclosed Reinstatement form reflects changes we have made.

Yours very truly,



R. G. Todd  
Turbine Parts Repair, Inc.