

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 17 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000042017**

**1. Corporation Name**

TURLINGTON ENTERPRISES, INC

**2. Principal Office Address**

5435 18TH ST BLVD E

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34203

Country

US

**3. Mailing Office Address**

5435 18TH ST BLVD E

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34203

Country

US

**REINSTATEMENT**

03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

MAR 17

**5. FEI Number**

03-0388832

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

TREVOR D. TURLINGTON

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

5435 18TH ST BLVD E

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34203

**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

*Trevor D. Turlington*  
REGISTERED AGENT MUST SIGN

Date

10-14-03

**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
P. S.	TREVOR D. TURLINGTON	5435 18TH ST BLVD E	BRADENTON, FL 34203
V.P. T.	CHERIE D. TURLINGTON	5435 18TH ST BLVD E	BRADENTON, FL 34203

**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 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:**

*Cherie D. Turlington Vice President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Cherie D. Turlington, V. President

Date

Daytime Phone #

CR2E081 (10/02)

**"Quality and Professional Performance Guaranteed"**  
**TURLINGTON CUSTOM STUCCO & PLASTERING**  
5435 18<sup>TH</sup> STREET BLVD EAST  
BRADENTON, FL 34203  
941-761-4112 Office

OCTOBER 16, 2003

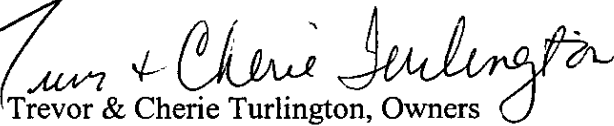
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

To Whom It May Concern:

I recently discovered that our company had been dissolved due to not filing our Annual Report. This is our first year of business, and as new owners we were not aware of all of the reports and so forth of what has to be filed annually. We did not receive our Annual Report because we had to move three (3) times since last March 02. We had a significant problem with our mail being forwarded and did not receive a lot of our mail. We are now purchasing the home we live in, and should not have this problem again. Please accept this \$150.00 which includes \$61.25 for the Annual Report Fee and \$88.75 for Corporate Supplemental Fee. If you have any questions or concerns regarding this matter, I can be reached at 941-761-4112. --

Thank you for your cooperation.

Sincerely,

  
Trevor & Cherie Turlington, Owners  
Turlington Enterprises, Inc.