

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 10 PM 3:15

DOCUMENT # P02000069974

1. Corporation Name

TURN ONE, INC.

2. Principal Office Address - No P.O. Box #

~~P.O. BOX 487~~ 1019 Dearing St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 487

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

Zip

~~33862~~ 33852

Country

U.S.

City & State

LAKE PLACID, FL

Zip

33862

Country

U.S.

34/10/09
REINSTATEMENT 06-09
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 6/25/2002

5. FEI Number

04-3697743

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

REBECCA BENEVIDES-NOONON, C.P.A.

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

102 S RIDGEWOOD DR

Suite, Apt. #, Etc.

SUITE 6

City

SEBRING,

State

FL

Zip Code

33870

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Rebecca Benevides Noonon
REGISTERED AGENT MUST SIGN

Date 7-8-08

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,D	MICHAEL WALDRON	1019 Dearing Street 659 HALLMARK AVE.	LAKE PLACID, FL 33852
			000144268290 03/20/09--01040--006 **158.75
			000144268290 02/24/09--01009--013 **150.00
			2/24/09 01009 014 150.00
			2/24/09 01009 016 150.00

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:

Michael Waldron

MICHAEL WALDRON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-08 - 863-441-0790

Date

Daytime Phone #