

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 NOV -8 PM 12: 5  
SECRETARY OF STAT  
TALLAHASSEE, FLORID

DOCUMENT # P02000100406

**1. Corporation Name**

STACY TURNER, INC.

11441 NW 39TH COURT  
11441 NW 39TH COURT

**2. Principal Office Address**

11441 NW 39TH COURT

Suite, Apt. #, etc.

115

City & State

CORAL SPRINGS

Zip

33065

Country

USA

**3. Mailing Office Address**

11441 NW 39TH COURT

Suite, Apt. #, etc.

115

City & State

CORAL SPRINGS

Zip

33065

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida** 9/16/2002

**5. FEI Number**  
01-07-47934

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

STACY E. TURNER

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

11441 NW 39TH COURT

Suite, Apt. #, Etc.

115

City

CORAL SPRINGS

State  
FL

Zip Code  
33065

**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

*Stacy E. Turner*

REGISTERED AGENT MUST SIGN

Date 10/15/2004

**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
PRES	STACY E. TURNER	11441 NW 39TH COURT	CORAL SPRINGS, FL 33065

11/08/04--01053--002 \*\*300.00

**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 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:**

*Stacy E. Turner* Stacy E. Turner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/04  
Date

954-540-7158  
Daytime Phone #

CR2E081 (01/04)

Stacy E. Turner  
11441 NW 39<sup>th</sup> Court #115  
Coral Springs, FL 33065

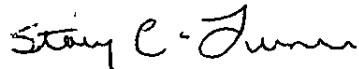
November 3, 2004

Dear Sir/Madam,

Enclosed is a check for \$300 to bring my account current. I request abatement of all late fees as I have never received a notice of amount due.

Thank you in advance for your time and consideration.

Regards,



Stacy E. Turner