

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 13 PM 12:12
CLERK OF COURT
JAN 13

DOCUMENT # P03000043905

1. Corporation Name

Turner Home Repairs, Inc.

2. Principal Office Address

122 N. 15th Street

Suite, Apt. #, etc.

3. Mailing Office Address

122 N. 15th Street

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

Zip

32034

Country

USA

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

04/17/2003

5. FEL Number

90-0077248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

400068110184
03/20/06--01024--033 **1200.00
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

John Turner

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

112 N. 15th Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

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 C. Turner
REGISTERED AGENT MUST SIGN

Date

3/9/06

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
P	John Turner	122 N. 15th Street	Fernandina Beach, FL 32034

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/06

Daytime Phone #