

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 24 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000149024

1. Corporation Name

Tonya Baker Turner Insurance Agency
Inc.

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

18590 NW 67th Ave

Suite, Apt. #, etc.

200A

City & State

Miami, FL

Zip

33015

Country

USA

3. Mailing Office Address

18590 NW 67th Ave

Suite, Apt. #, etc.

200A

City & State

Miami, FL

Zip

33015

Country

USA

REINSTATEMENT
CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

12-10-03

5. FEL Number

11-3702079

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

Tonya Baker Turner

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

18590 NW 67th Ave

Suite, Apt. #, Etc.

200A

City

Miami

State

FL

Zip Code

33015

☒ 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

Date

9-21-07

REGISTERED AGENT MUST SIGN

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	Tonya Baker Turner	18590 NW 67th Ave	Miami, FL 33015

500109827019
09/24/07--01048--016 **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 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

9-21-07 (305) 819-1500

Date

Daytime Phone #