

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000002021**

1. Corporation Name

JAMES TURNER CONSTRUCTION INC.

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

1953 HARVEST WAY

Suite, Apt. #, etc.

City & State

Middleburg, FLA.

Zip

32068

Country

USA

3. Mailing Office Address

1953 HARVEST WAY

Suite, Apt. #, etc.

City & State

Middleburg, FLA.

Zip

32068

Country

USA

7. Name and Address of Current Registered Agent

Name

JAMES TURNER

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

1953 HARVEST WAY

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2-21-07**

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. | JAMES TURNER | 1953 HARVESTWAY | Middleburg FL 32068 |
| | | | |
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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]* **JAMES TURNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-21-07

Daytime Phone #

(904)

813-9635

FILED

07 MAR 16 AM 11:54

FLORIDA DEPARTMENT OF STATE
ALLIANCE, FLORIDA

000095147950
03/28/07--01021--006 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

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

JAN. 13, 2004

5. FEI Number

900133877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

☒ 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.