

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT -6 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04 — 46504**

1. Corporation Name

TURVAVILLE FLOORING INC

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

2456 17th AVE SW

Suite, Apt. #, etc.

3. Mailing Office Address

2456 17th AVE SW

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach

Zip

32962

Country

Indian River

Zip

Indian River

Country

32962

7. Name and Address of Current Registered Agent

Name

Jim Turvaville

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

2456 17th AVE SW

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32962

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 **10-1-08**

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
Presi dent	Jim Turvaville	2456 17th AVE SW	Vero Beach FL 32962

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] **Jim Turvaville**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-1-08(772)

Daytime Phone #

599-1024

000136673990
10/06/08--01061--013 **300.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3-16-04

5. FEI Number

74-3119340

☒ 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.

B. Mitchell OCT 6 2008

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I Am Very Sorry I moved An
didn't Receive Notice, AS Such I
didn't Relize. I spoke with a
lady in your department an she
said it would be ok if I wrote
a note along with my payment.

thanks very much

Jim Turville
772-559-1024