


2007 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

FILED

07 APR 13 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000052544		
1. Entity Name ROBERT TURNER CARPENTRY INC.		

Principal Place of Business 6772 NE 2ND AVE 4TH AVE MIAMI, FL 33138	Mailing Address 36 ISLAND AVE 14 MIAMI BEACH, FL 33139
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2. Principal Place of Business - No P.O. Box # 6772 NE 4TH AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	City & State
Zip 33138	Country U.S.A



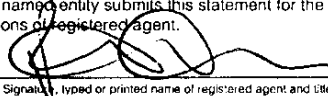
04032007 REIN-P

CR2E098 (1/07)

06-07

4. FEI Number 02-0725696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, ROBERT 36 ISLAND AVE 14 MIAMI BEACH, FL 33139	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

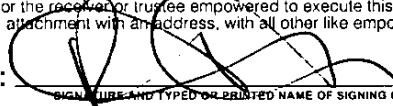
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00	700097583207 04/19/07--01042--013 **150.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, ROBERT 36 ISLAND AVE APT 14 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  (NOTE: Signature and typed name of signing officer or director required) DATE: 4/8/07 DAYTIME PHONE: 305-610-7277

Robert Turner
Doc# P04000052544
36 Island Ave. apt 14
Miami Beach Fl. 33139

Ref

To whom it may concern

I never received a renewal notice in the mail. Perhaps it was sent to my business address. Which by the way is listed incorrectly in your records. I think the penalty you are asking of me given these circumstances is extreme to say the least. I would greatly appreciate any help you could give me concerning this matter. I enclosed 2 checks for \$150.00 = \$300.00 which I owe plus the \$8.75 for a certificate of status.

My business address is NE 4th Ave and not NE 2nd Ave, and there is no number 14 on my business address only on my mailing address.

Business address:
Robert Turner Carpentry Inc.
6772 NE 4th Ave
Miami Fl. 33138