

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 JUL 19 PM 6:59

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000117911**

1. Corporation Name

TURBO RETAIL MANAGEMENT, INC.

**FILING CANCELLED
DUE TO RETURNED CHECK**

900316092679
07/19/18--01025--001 **750.00

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

6754 31ST ST. SOUTH

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

Zip

33712

County

PINELLAS

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-13-2004

5. FEI Number

20-1490423

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

ROBERT W. SINGERMAN

Street Address (P.O. Box Number, Not Applicable)

6754 31ST ST. SOUTH

Suite, Apt. #, etc.

ST. PETERSBURG

State

FL

Zip Code

33712

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

Robert W. Singerman
REGISTERED AGENT MUST SIGN

Date

7-18-18

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
PST DIR	ROBERT W. SINGERMAN	6754 31ST ST. SOUTH	ST. PETERSBURG, FL 33712
①	PRESIDENT		
②	DIRECTOR		
③	SECRETARY		
④	TREASURER		

10 E-mail Address: **BSINGERMAN@GMAIL.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert W. Singerman

ROBERT W. SINGERMAN

Date

7-18-18

Daytime Phone #