

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUN -6 PH 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06062007 REIN-P CR2E098 (1/07)

4. FEI Number 38-3715822 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # P05000019012

1. Entity Name
TURK LAWHON, INC.

Principal Place of Business **61 Boys Lane** Mailing Address **61 Boys Lane**
~~59 BEELER RD~~ **CRAWFORDVILLE, FL 32327** ~~CRAWFORDVILLE, FL 32327~~
59 BEELER RD
CRAWFORDVILLE, FL 32327

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

LAWHORN, TURK
~~59 BEELER RD~~ **61 Boys Lane**
CRAWFORDVILLE, FL 32327

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 *Turk Lawhon* DATE 5/6/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>P Lawhon <input type="checkbox"/> Delete</p> <p>LAWHORN, TURK 59 BEELER RD 61 Boys Lane CRAWFORDVILLE, FL 32327</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <p style="font-size: 1.2em; font-weight: bold;">100104255191</p> <p>06/12/07--01012--007 **308.00</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>CARNLEY, CHRIS <input checked="" type="checkbox"/> Delete</p> <p>69 BEELER RD CRAWFORDVILLE, FL 32327</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <p style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);">REINSTATEMENT</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <p style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);">REINSTATEMENT</p>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>	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: *Turk Lawhon* DATE 5/6/07 850-322-9945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #