

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 15 AM 11:22

DOCUMENT # P05000138827

1. Corporation Name

Turning Point Alliance, INC

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

1683 Regal Oak Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 453715

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

Zip

34744

Country

United States

Zip

34745

Country

United States

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

10/5/2005

5. FEI Number

☒ 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

Name

Karen Steele

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

1683 Regal Oak Drive

Suite, Apt. #, Etc.

City

Kissimmee, Florida

State

FL

Zip Code

34744

☒ 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.

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

Karen Steele

Date 10/15/2009

REGISTERED AGENT MUST SIGN

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
P	Karen Steele	P.O. Box 453715	Kissimmee, Florida 34745
VP	Sonya Howard	P.O. Box 453715	Kissimmee, Florida 34745
T	Angela Dorelie Scott	P.O. Box 453715	Kissimmee, Florida 34745
REINSTATEMENT <u>06-09</u> <u>10/15/09</u> <u>500161766175</u> <u>10/15/09--01006--009</u> <u>**300.00</u>			
REINSTATEMENT <u>06-09</u> <u>10/15/09</u> <u>500161766175</u> <u>10/15/09--01006--010</u> <u>**300.00</u>			

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:

Karen Steele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/2009

Daytime Phone #

Per conversation with Mr. John Parks on 10/15/09 please registered Agent