

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 10 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/10/10--01077--014 **458.75

CR2E081 (4/10)

DOCUMENT # 706000021569

1. Corporation Name

Turtle Pool Plastering Inc

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

2946 Coral Springs Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2946 Coral Springs Dr

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33065

Country

Broward

City & State

Coral Springs FL

Zip

33065

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

2/13/06

5. FEI Number

204325165

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
Stanton Givens

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

2946 Coral Springs Dr

Suite, Apt. #, Etc.

City

Coral Springs FL

State

FL

Zip Code

33065

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

Stanton Givens

REGISTERED AGENT MUST SIGN

Date 5/5/10

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
Director	Stanton Givens	2946 Coral Springs Dr Coral Springs FL 33065	Coral Springs FL 33065

REINSTATEMENT

RH

10. E-mail Address: Stanton.Givens@yahoo.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., that all fees owed by the corporation have been paid. I further certify, 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:

Stanton Givens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/5/10 754-264-3326

Daytime Phone #