

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 14 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD6000147837

1. Corporation Name

TURNER COLE COMPANY, INC

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

4531 SWIFT CIR

Suite, Apt. #, etc.

City & State

VALRICO, FL

Zip

33594

Country

US.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2ED81 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/06

5. FEI Number

20-5949272

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

JOSEPH T. COLE

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

4531 SWIFT CIR

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

☒ 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

Joseph T. Cole
REGISTERED AGENT MUST SIGN

Date 11-7-07

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
PRES	JOSEPH T. COLE	4531 SWIFT CIR. VALRICO	VALRICO, FL 33594

900112261659
11/14/07--01008--001 **61.25

REINSTATEMENT 2007

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:

Joseph T. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

11-7-07

Date

(813) 610-5256

Daytime Phone #