

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 27 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000009498

1. Corporation Name

TURBINE SOLUTIONS, INC.

2. Principal Office Address

29 So. Brooksville Ave.

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34601

Country

US

3. Mailing Office Address

P. O. Box 886

Suite, Apt. #, etc.

City & State

Lacoochee, FL

Zip

33537

Country

US

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650371884

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

Darryl W. Johnston

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

29 South Brooksville Avenue

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34601

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

Date **12/17/02**

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
CEO	Barbour, Scott	29 So. Brooksville Ave.	Brooksville, FL 34601
CFO	Bates, Kris	29 So. Brooksville Ave.	Brooksville, FL 34601

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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