

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000085550

1. Corporation Name

STEVEN TURCOTTE INC.

Principal Place of Business

4994 TROTT CIRCLE  
UNIT 20  
NORTH PORT FL 34287  
US

Mailing Address

4994 TROTT CIRCLE  
UNIT 20  
NORTH PORT FL 34287  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

99 NOV -1 PM 3: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/1993

Sp

5. FEI Number

65-0457315

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	TURCOTTE, STEVEN	5322 TREKELL RD	NORTH PORT FL 34287
S	<del>RHINES, PENNY</del>	<del>5465 TREKELL ST</del>	<del>NORTH PORT FL 34287</del>
D	MULLA, THOMAS	4375 NW 22ND AVE	OCALA FL 34475
S	ANTMANN, JUNE	8239 Coco Solo Avenue	NORTH PORT, FL 34287
			300003038433--0 11/08/99--01114--019 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURCOTTE, STEVEN  
5322 TREKELL ROAD  
NORTH PORT FL 34287

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

10/24/99

REGISTERED AGENT MUST SIGN

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 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: STEVEN TURCOTTE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/99 (94) 426 8883  
Date Daytime Phone #

CR2500 (8-99)