

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 4:36

DOCUMENT # P94000073987

1. Corporation Name

TURPIN SYSTEMS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 216
PALM CITY FL 34990

5424 -54TH WAY
W. PALM BCH FL 33409



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0531514

Applied For
Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
D	TURPIN, CHARLES S III	1116 S.W. ALL AMERICAN AVE.	PALM CITY FL 34990
D	TURPIN, BARBARA	1116 S.W. ALL AMERICAN AVE.	PALM CITY FL 34990

700003458107--7
-11/09/00--01019--013
****750.00 ****750.00

10/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURPIN, CHARLES S III
5424 -54TH WAY
W. PALM BCH FL 33409

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 REQUIRED

Date 10/20/00

REGISTERED AGENT MUST SIGN

CR2E040 (6/00)

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-00 413 232-7026