

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FEES
REINSTATEMENT



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

FILED

DOCUMENT # P96000032870

1. Corporation Name

TURN KEY CONTRACTING, INC.

02 FEB -4 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2504 WEST FLETCHER
TAMPA FL 33618

2504 WEST FLETCHER
TAMPA FL 33618



REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable

20038 Causeway Blvd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

20038 Causeway Blvd
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1996

5. FEI Number

59-3418998

Applied For

Not Applicable

City & State

Lando Lakes

City & State

Lando Lakes, FL

Zip

34639

Country

USA

Zip

34639

Country

USA

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
P	SMITH, MARY C	2504 W. FLETCHER AVE	TAMPA FL 33618

300004912003--0

02/12/02--01062--003

****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, MARY
2504 WEST FLETCHER
TAMPA FL 33618

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

Mary C Smith
REGISTERED AGENT MUST SIGN

Date

12/10/01

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:

Mary C Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/01

Date

Daytime Phone #

CR2E040 (8/01)