

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 25 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083509

1. Corporation Name

TURNER FLOOR CARE SERVICES, INC.

Principal Place of Business

Mailing Address

207 MARGARITA ROAD
DE BARY FL 32713

207 MARGARITA ROAD
DE BARY FL 32713

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1996

5. FEI Number

59-3413712

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	TURNER, ANTHONY M	207 MARGARITA ROAD	DEBARY FL 32713

100002706991--2
12/03/98 01032 021
****150.00 ****150.00

TS 12/07/98 AR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURNER, ANTHONY M
207 MARGARITA ROAD
DE BARY FL 32713

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

ANTHONY M. TURNER
REGISTERED AGENT MUST SIGN

Date 11-23-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

ANTHONY M. TURNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-23-98 407-668-4033

CR2E040 (9/96)

11-23-98

To Whom;

2

Turner's Floor Care Services, Inc.

Made a payment of -150.00 in Feb 98

Please take the time to review
your records. I am resubmitting
150.00 for the certificate to be
renewed

Thanks.

Turner's Floor Care Ser, Inc.

201 Margarita Rd

De Bary, Fla. 32713

PA1-00093500