

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P97000051125

1. Corporation Name

TURNER EVENTS & PRODUCTIONS, INC.

2. Principal Office Address

7402 N. 56TH STREET

Suite/Apt. #, etc.

904

City & State

TAMPA, FL

Zip

33617

Country

HILLSBOROUGH

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6-9-97

5. FEI Number

59-3452573

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

MYRNA TURNER

400004745504-9

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

12021 RUNNING FOX CIR.

\*\*\*150.00 \*\*\*150.00

Suite, Apt. #, Etc.

City

RIVERVIEW

State

FL

Zip Code

33569

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

REGISTERED AGENT MUST SIGN

Date 12-14-01

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
PRES.	MYRNA TURNER	12021 RUNNING FOX CIR.	RIVERVIEW, FL 33569

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)(f), 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:

MYRNA TURNER - MYRNA TURNER

Date

813-988-2253

Daytime Phone #



**Turner Events  
& Productions, Inc.**

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November 2, 2001

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 along with a reinstatement form. Please waive the late fees as no notice was received. Thank you.

Sincerely,

Myrba Turner  
President

MT:iv

cc:

Enclosures: 2