

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP 22 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020212

1. Corporation Name

TS Turner, Inc.

2. Principal Office Address

4171 13th Ave., S.W.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Zip

34116

Country

Collier

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1998

5. EFL Number

65-0816957

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Timothy H. Turner

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

4171 13th Ave., S.W.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

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

Timothy H. Turner

Date 12-14-06

REGISTERED AGENT MUST SIGN

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
P/S/T	Timothy H. Turner	4171 13th Ave., S.W.	Naples, Florida 34116

800136209528
09/22/08--01031--018 **1800.00

REINSTATEMENT

Didn't Receive to file Annual Report. 1999-2008

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 contained in Chapter 119, 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:

Timothy H. Turner

12-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-455-664