

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 11 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000021335

1. Corporation Name

Jerome T. Turrin, Inc.

700012309897
02/11/03--01031--003 **450.00

2. Principal Office Address

221 SW Sea Lion Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2842

Suite, Apt. #, etc.

City & State

Port St Lucie, Florida

City & State

Stuart, Florida

Zip

34953

Country

St. Lucie

Zip

34995

Country

Martin

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/04/1999

5. FEI Number

65-0904593

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

Jerome T. Turrin

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

221 SW Sea Lion Road

Suite, Apt. #, Etc.

City

Port St. Lucie

State
FL

Zip Code
34953

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 **2/7/2003**

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
PSTD	Jerome T. Turrin	221 SW Sea Lion Road	Port St. Lucie, Florida 34953

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)(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:

Jerome T. Turrin

Jerome T. Turrin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2003

Date

772-340-9094

Daytime Phone #

CR2E081 (10/02)

2012

JEROME T. TURRIN, INC.

P.O. Box 2842
Stuart, Florida 34995
(772) 340-9094
Fax - (772) 344-7695

February 7, 2003

Department of State
Division of State
409 East Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern,

The purpose of this letter is to explain why I haven't filed my annual report for the last 2 years.

Due to an illness, which hospitalized me numerous times over the last 2 years, I have let my business affairs lapse. I did not have anyone to help me with my business.

I also believe the forms were sent by mistake to my old address at 8088 Wildwood Drive, Stuart, Florida which I move from in March of 2000.

My 2000 Uniform Business Report (UBR) was filed on June 19th, 2000. The address on that form was 25001 SW 95th Street, Indiantown, Florida 34956. I never received any mail at that address. I have had the same P.O. Box for roughly 12 years.

It is very important that my mail be sent to the above P.O. Box. It is the only place I receive mail.

I have the office help I need now, and I hope this will never happen again. My business is very important to me. Please help me to do what I need to do to reinstate my corporation.

Sincerely,



Jerome T. Turrin
President

JTT/cnw

Encl.