

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 SEP 28 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S09608

1. Corporation Name

Turrell & Associates, Inc.

2. Principal Office Address

3584 Exchange Ave.,

Suite, Apt. #, etc.

Suite B

City & State

Naples, Florida

Zip

34104

Country

USA

3. Mailing Office Address

3584 Exchange Ave.,

Suite, Apt. #, etc.

Suite B

City & State

Naples, Florida

Zip

34104

Country

USA

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

10/29/90

5. FEI Number

650235211

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

Todd T. Turrell

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

3584 Exchange Ave.,

Suite, Apt. #, Etc.

Suite B

City

Naples.

State

FL

Zip Code

34104

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 9/26/01

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
P	Todd T. Turrell	3584 Exchange Ave., Suite B	Naples, FL 34104

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/26/01 941-643-0166

CR2E081 (9/00)



TURRELL & ASSOCIATES, INC.

MARINE & ENVIRONMENTAL CONSULTING

3584 Exchange Avenue, Suite B, Naples, Florida 34104, Phone: (941) 643-0166, Fax: (941) 643-6632, Marielle@Turrell-Associates.com

September 26, 2001

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

Re: Dissolution of Corporation for Turrell and Associates, Inc.

To Whom It May Concern:

I assumed the office manager job from Mr. Turrell's wife during their divorce in early 2000 and had no idea the zip code you had for the report and invoicing was about 5 years old. Apparently the Post Office continued delivering to the old zip code until this year, because we never got any report or past due notices from your office this year. Unfortunately, being relatively new to office management I did not know to be looking for your forms at the beginning of the year either.

The correct zip code is 34104, as shown on the reinstatement form. We are forwarding a check of \$150.00 to you in the hope you will not charge us for reinstatement or late fees.

If you have any questions regarding this matter, please contact me.

Sincerely,

Marielle Kitchener

Marielle Kitchener