	PLEASE READ	ALL INST	TRUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
	DRG299	FLORID	A DEPARTMEN  Katherine Ha  Secretary of S	rris			
			-	ISION OF CORPORATIONS		ILED	
DOCUMENT #S12745					99 SEP 17 AH 10: 10		
1 Corporation Name							
TURNAROUND MANAGEMENT SERVICE CORPORATION					TALLAHAS	RV OF STATE ISEE, FLORIDA	
Principal Place of		Mailing Addr	Mailing Address				
2931 Broa Valle Cru Banner El		P. O. Box 554 Valle Crucis, NC 28691			DEMIC	STATEMENT 92-99	
If above addresses are incorrect in any way, line through incorrect information and enter of New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.					UENAS	SIAIEMENT	
•	Office Address, If Applicable	New Mailing Office Address, If Applicable     Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida  October 8, 1990		
Sulle, Apt. #, etc. City & State		City & State	. 610.		5. FÉI Number	Apple Sor	
Zip Country		Zip Country		y	6. S8 75 Additional Fee required		
7 Names and St	reet Addresses of Each Officer and	or Director (Flo	orida nonprofit corpora	ations must list at lea		for a Certificate of Status	
TiBe(s) 2	Name of Officers Street Addre and/or Directors Officer and/			eet Address of Each		City / State / Zip	
Pres.   Wil	liam F. Miller, D	2345 Watauga River F			i.	Sugar Grove, NC 28679	
V.Pres G.	Scott Miller, D		8298 SE Ketch Court			Hobe Sound, FL 33455	
Sec/Treas. Sherry D. Hiller, D			2345 Watauga River Rd.		i	Sugar Grove, NC 28579	
						00029951888	
					******8.75 *****8.75		
					800029951888 -09/23/9901065018 ***1800.00 ***1800.00		
Name and Address of Current Registered Agent     Name					9. Name and Address of New Registered Agent		
					P.O. Box Number is Not Acceptable)		
Highland Beach, FL 33432				Suite, Apt. #, Etc	# <mark>용습원 SE Ketch Court</mark> 문		
				1 '			
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	Sherry D. R	TK'LLE EGISTERED AG	GENT MUST SIGN			Date 09/15/99	
	orporation owes the lible Personal Prope			Yes	□ No 🔯	(See other side for information on intangible tax.)	
this reinstaler owed by the o	nent application, the reason for dissi	plution has bee names of indivi	n eliminated, the corpo duals listed on this for	orate name satisfies rm do not qualify for	the requirements an exemption und	apter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated	
SIGNATUR	E: Willy CONT SIGNATURE AND TYPED OR PR		UUL SIGNING OFFICER OR	William F.	_Miller, A	President 9/15/99 (828) 733-	