

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J60747**

1. Corporation Name
SENTURK MARKETING, INC.

Principal Place of Business
**633 EAST ROSEWOOD LANE
TAVARES FL 32778**

Mailing Address
**633 EAST ROSEWOOD LANE
TAVARES FL 32778**



REINSTATEMENT *9600*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
11322 DEAD RIVER RD.

3. New Mailing Office Address, if Applicable
11322 DEAD RIVER RD.

4. Date Incorporated or Qualified To Do Business in Florida
03/08/1987

Suite, Apt. #, etc.
TAVARES, FL

Suite, Apt. #, etc.
TAVARES, FL 327

5. FEI Number
59-2784560

Applied For
Not Applicable

Zip
32778

Country
LAKE

Zip
32778

Country
LAKE

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	SENTURK, VEDAT	633 E. ROSEWOOD LANE	TAVARES FL
T	SENTURK, VEDAT	633 E. ROSEWOOD LANE	TAVARES FL

200001999902--6
-11/08/96--01017--025
****375.00 ****375.00

8. Name and Address of Current Registered Agent

**TAYLOR, L.E.
1029 W. MAGNOLIA ST.
LEESBURG FL 34748**

9. Name and Address of New Registered Agent

Name
VEDAT SENTURK
Street Address (P.O. Box Number is Not Acceptable)
11322 Dead River Rd.
Suite, Apt. #, Etc.
TAVARES FL
City
TAVARES FL State **FL** Zip Code **32778**

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 *[Signature]* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date **10/31/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(l), 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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/31/96** (352)
Daytime Phone # **343-8670**