

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL  
AND  
FILED

03 OCT 13 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000054436

1. Corporation Name

19667 TURNBERRY SOUTH, INC

100023768521  
10/13/03--01108--005 \*\*750.00

2. Principal Office Address

18660 COLLINS AV

3. Mailing Office Address

18660 COLLINS AV.

Suite, Apt. #, etc.

SUITE# 107

Suite, Apt. #, etc.

SUITE# 107

City & State

SUNNY ISLES

City & State

SUNNY ISLES

Zip

33160

Country

USA

Zip

33160

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/2002

5. FEI Number

04-3686702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2003**

7. Name and Address of Current Registered Agent

Name

IAN LUDMIR

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

18660 COLLINS AV.

Suite, Apt. #, Etc.

SUITE # 107

City

SUNNY ISLES

State

FL

Zip Code

33160

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

10/08/2003

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
PRESID	IAN LUDMIR	18660 COLLINS AV. SUITE#107	SUNNY ISLES, FL 33160

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

IAN LUDMIR

10/08/2003

(305)521-0866

Date

Daytime Phone #

CR2E081 (10/02)