

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 MAY -5 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT (05) 05-06

DOCUMENT # N00000003612 1. Entity Name TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.					
Principal Place of Business 444 APPELYARD DR TALLAHASSEE, FL 32304			Mailing Address 444 APPELYARD DR TALLAHASSEE, FL 32304		
2. Principal Place of Business		3. Mailing Address 444 APPELYARD DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc. ADMIN. BLDG. #227			
City & State		City & State TALLAHASSEE FL		4. FEI Number 59-3651984	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
32304		US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW, WILLIAM D JR 444 APPELYARD DR TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent Name MARJORIE TURNBULL Street Address (P.O. Box or other Not Acceptable) 444 APPELYARD DR. ADMIN BLDG #227 City TALLAHASSEE FL Zip Code 32304	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Marjorie Turnbull</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		MARJORIE TURNBULL OPER. 5/2/06 <small>(NOTE: Registered Agent signature required when reinstating) OFFICER DATE</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENSON, ED 924 SUMMERBROOKE DR. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, E. EDWARD 1018 THOMASVILLE ROAD STE 200A TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPERRY, TODD 1400 OVEN PARK DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, WILLIAM D JR 444 APPELYARD DR TALLAHASSEE, FL 323042895	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSTER, RUSSELL PO BOX 11192 TALLAHASSEE, FL 32302	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500074335895 05/10/06--01012--017 **122.50 <i>8515</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition OPERATING OFFICER MARJORIE TURNBULL 444 APPELYARD DR. ADMIN #227 TALLAHASSEE FL 32304				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Marjorie Turnbull</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/2/06		850/201-8580 <small>Daytime Phone #</small>	