PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 NOV 13 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000008517

1. Corporation Name

Turnberry Point Condominium Association, Inc.

REINSTATEMENT 07-12
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
25350 US Hwy 19 North	320 N. Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 200
City & State	City & State
Clearwater, FL	Ann Arbor
Zip / Country	Zip / Country
33763 / USA	MI / USA

4. Date Incorporated or Qualified To Do Business In Florida
8-11-2006

5. FEI Number — X 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
Collison, Harry

Street Address (P.O. Box Number is Not Acceptable)
180 S. Knowles Ave.

Suite, Apt. #, Etc.
Suite 3

City / State / Zip Code
Winter park / FL / 32789

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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 _____ Date 11/13/2012
REGISTERED AGENT MUST SIGN

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	Berriz, Albert M.	320 N. Main St., Ste. 200	Ann Arbor, MI 48104
VP/Sec	Lewis, Nate	320 N. Main St., Ste. 200	Ann Arbor, MI 48104
T	Willett, James	320 N. Main St., Ste. 200	Ann Arbor, MI 48104

10. E-mail Address: nlewis@mckinley.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Nate Lewis, VP/Secretary 11/12/12 734-769-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #