PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 26 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18819

1. Corporation Name
Turtle Run Foundation Inc.

2. Principal Office Address	3. Mailing Office Address
7932 Wiles Road	7932 Wiles Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Coral Springs	Coral Springs
Zip: 33067 Country: USA	Zip: 33067 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1-20-87

5. FEI Number: 650238952 ☐ 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: Robert Kaye & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable): 6261 NW 6th Way
Suite, Apt. #, Etc.: Suite 103
City: Fort Lauderdale State: FL Zip Code: 33309

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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: Robert Kaye President Date: 1-5-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PRES	Chris Kapish	7932 Wiles Road	Coral Springs FL 33067
VP	Barbara DiLaura	7932 Wiles Road	Coral Springs FL 33067
SEC	Christine Fink	7932 Wiles Road	Coral Springs FL 33067
TRE	Marc Jaro	7932 Wiles Road	Coral Springs FL 33067
	VICE PRESIDENT CK-US		

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] 9543445353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #