10-03-06 10:15am From-JOHNSON, POPE, LLP 7274418617 T-779 P.02/02 F-440

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000087

1. Corporation Name

Turtle Brooke Homeowners Association, Inc.

REINSTATEMENT 05-06

2. Principal Office Address	3. Mailing Office Address
3055 Turtle Brooke	3055 Turtle Brooke
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33761 Country: USA	Zip: 33761 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/9/1995

5. FEI Number: 59-3295116 ☐ 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: Calvin H. Simon

Street Address (P.O. Box Number is Not Acceptable): 3055 Turtle Brooke

Suite, Apt. #, Etc.

City: Clearwater | State: FL | Zip Code: 33761

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: [signature] Date: 10/3/06

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
President	Calvin H. Simon	3055 Turtle Brooke	Clearwater, FL 33761
Vice President	Susan Zumwalt	3015 Turtle Brooke	Clearwater, FL 33761
Treasurer	Robert Davidson	3010 Turtle Brooke	Clearwater, FL 33761
Secretary	Rochelle Kentor	3055 Turtle Brooke	Clearwater, FL 33761

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 this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall make the same legal effect as if made under oath.

SIGNATURE: [signature] 10/3/06 727-787-0900

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

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K. Eckel OCT - 3 2006

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

CORPORATION REINSTATEMENT

TURTLE BROOKE HOMEOWNER'S ASSOCIATION, INC.

Certificate of Status	1
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