

10-03-06 10:15am From-JOHNSON, POPE, LLP

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PLEASE READ ALL INSTRUCTIONS BEFORE

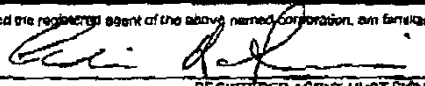
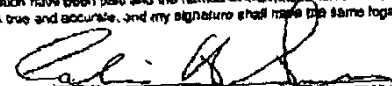
06 OCT -3 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000087			
1. Corporation Name Turtle Brooke Homeowners Association, Inc.			
2. Principal Office Address 3055 Turtle Brooke		3. Mailing Office Address 3055 Turtle Brooke	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33761	Country USA	Zip 33761	Country USA

REINSTATEMENT 05-06	
4. Date incorporated or Qualified To Do Business in Florida 7/9/1995	
5. FE Number 59-3295116	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 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	
Suits, 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 607.0503 or 617.0503, F.S.			
Signature of Registered Agent 		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 Kentov	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 the 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 have the same legal effect as if made under oath.			
SIGNATURE: 		Date 10/3/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL NOT DISCLOSED		787-6400	

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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
Fax Number : (850)205-0384

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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