

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC 10 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005765

1. Corporation Name

KA-MAR CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #

2800 NE 28TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1493 RAMON RD

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

City & State

THE VILLAGES, FL

Zip

33064

Country

USA

Zip

32162

Country

USA

REINSTATEMENT 06-07

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

591206748

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  
JOHN A. TURTORA

Street Address (P.O. Box Number is Not Acceptable)  
1493 RAMON RD

Suite, Apt. #, Etc.

City  
THE VILLAGES

State  
FL

Zip Code  
32162

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*John A. Turtora* PRESIDENT  
REGISTERED AGENT MUST SIGN

Date 12/5/07

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	JOHN A TURTORA	2800 NE 28TH STREET	LIGHTHOUSE POINT , FL 33064
VP	TIM HONDERICK	2800 NE 28TH STREET	LIGHTHOUSE POINT, FL 33064
SECY-TREAS	JACKIE SEERY	2800 NE 28TH STREET	LIGHTHOUSE POINT, FL 33064

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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

*John A. Turtora*

JOHN A TURTORA, PRESIDENT

12/5/07

954-661-6508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/19