

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079381

1. Corporation Name

TURNBULL GOLF FOUNDATION, INC.

Principal Place of Business

Mailing Address

6745 PHILLIPS INDUSTRIAL BLVD #100  
JACKSONVILLE FL 32256

6745 PHILLIPS INDUSTRIAL BLVD #100  
JACKSONVILLE FL 32256

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6745 PHILLIPS  
INDUSTRIAL BLVD

3. New Mailing Office Address, If Applicable

6745 PHILLIPS  
INDUSTRIAL BLVD

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

Zip  
32256

Country  
USA

Zip  
32256

Country  
USA

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

07/22/2002

5. FEI Number

14-1840733

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>D</del>	<del>TURNBULL, BARRY D</del>	<del>6745-PHILLIPS INDUSTRIAL BLVD.,</del>	<del>JACKSONVILLE FL 32256-</del>
P	ROBERT W. JOHNSON	520 CHAMPIONS HILLS DR.	ALPHARETTA, GA 30004

600024188166  
10/28/03--01013--009 \*\*150.00

8. Name and Address of Current Registered Agent

SHELL, STEPHEN B  
226 PALAFOX PLACE  
NINTH FLOOR, SEVILLE TOWER  
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name  
ROBERT W. JOHNSON  
Street Address (P.O. Box Number is Not Acceptable)  
6745 PHILLIPS INDUSTRIAL BLVD.  
Suite, Apt. #, Etc.  
City  
JACKSONVILLE  
State  
FL  
Zip Code  
32256

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/20/03

11. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03 970-667-3325  
Date Daytime Phone #

CR2ED40 (7/03)



A Turnbull Golf Foundation Company

October 16, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Document # P02000079381

To Whom It May Concern:

Our company did not receive the two prior Uniform Business Report notices. Suite #100 was listed on our form as place of business and mailing address. We do not have a suite number. It is possible this is the reason the two prior notices were not received.

Enclosed are our completed form for reinstatement and our check for the appropriate fee of \$150.00.

Sincerely,

  
Robert W. Johnson  
President

RWJ:smb

104120