

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000002021			
1. Corporation Name JAMES TURNER CONSTRUCTION INC.			
2. Principal Office Address - No P.O. Box # 1953 HARVEST WAY Suite, Apt. #, etc.		3. Mailing Office Address 1953 HARVEST WAY Suite, Apt. #, etc.	
City & State Middleburg, Fla. Zip 32068 Country USA		City & State Middleburg, Fla. Zip 32068 Country USA	
7. Name and Address of Current Registered Agent Name JAMES TURNER Street Address (P.O. Box Number is Not Acceptable) 1953 HARVEST WAY Suite, Apt. #, Etc. City Middleburg State FL Zip Code 32068			
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 <i>James Turner</i> 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
PRES.	JAMES TURNER	1953 HARVEST WAY	Middleburg, Fl. 32068
	MR320		
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: <i>James Turner</i>	James Turner		Date 2-21-07 Daytime Phone # 813-9635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
07 MAR 16 AM 11:54
FLORIDA DEPARTMENT OF STATE
MIDDLEBURG, FLORIDA

000095147950
03/28/07--01021--006 **450.00

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified **JAN. 13, 2004**
To Do Business in Florida **REINSTATE**

5. FEI Number **900133877** Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

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.

Date **2-21-07**