


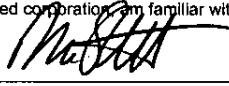
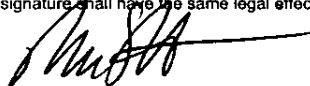
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 11 PM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08^{KS}
CR2E081 (12/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 704000141541			
1. Corporation Name TURNER CONTRACTORS, INC			
2. Principal Office Address - No P.O. Box # 757SE 17 ST Suite, Apt. #, etc. # 1053 City & State FT. LAUD., FL Zip 33316 Country USA		3. Mailing Office Address PO Box 50970 Suite, Apt. #, etc. City & State SUMMERVILLE SC Zip 29485 Country USA	
7. Name and Address of Current Registered Agent			
Name DENNIS STEWART			
Street Address (P.O. Box Number is Not Acceptable) 757SE 17 ST			
Suite, Apt. #, Etc. 1053			
City FT. LAUD.,		State FL	Zip Code 33316
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 		Date 3/10/08	
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
P/O	DENNIS STEWART	757SE 17ST #1053	FT. LAUD, FL 33316
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 3/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (843) 437-7575	

KS