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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

* Please deliver to
Andy Dunlap *

CORPORATION REINSTATEMENT

Thanks

TURNBERRY COURT CORPORATION

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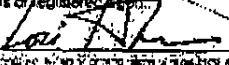
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2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045782					
1. Entity Name TURNBERRY COURT CORPORATION					
Principal Place of Business 19501 BISCAYNE BLVD STE 400 ATTN: LEGAL DEPT AVENTURA, FL 33180 US			Mailing Address 19501 BISCAYNE BLVD STE 400 ATTN: LEGAL DEPT AVENTURA, FL 33180 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0452850	
5. Certificate of Status Desired. ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARTGLASS, LORI R 19501 BISCAYNE BLVD STE 400 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity hereby certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when adding or deleting agents)					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
PSD	KESSLER, EUGENE	19501 BISCAYNE BLVD STE 400	AVENTURA, FL 33180		
VTD	PARRELO, RAYMOND	19501 BISCAYNE BLVD STE 400	AVENTURA, FL 33180		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.					
SIGNATURE: 			5/1/09 305 933-8546		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

5/1/09