

1,200

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

06 JUN 27 PM 12:34

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000079889

1. Corporation Name

TURNER COMMUNITIES, INC.

2. Principal Office Address

1001 WEST LAKEVIEW DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBASTIAN, FLORIDA

City & State

Zip
32958Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1999

5. FEI Number

65-0948426

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

TURNER, JAMES W.

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

1001 WEST LAKEVIEW DRIVE

Suite, Apt. #, Etc.

City

SEBASTIAN

State

FL

Zip Code

32958

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

REGISTERED AGENT MUST SIGN

Date

6/23/06

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
PD	TURNER, JAMES W	1001 WEST LAKEVIEW DRIVE	SEBASTIAN, FLORIDA 32958
	JW/29		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/23/06

Daytime Phone #