


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -8 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *407435*

1. Corporation Name

Calhoun Publishing Co., Inc

2. Principal Office Address

20311 Central Ave. W

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 366

Suite, Apt. #, etc.

City & State

Blountstown FL

City & State

Blountstown

Zip

32424

Country

U.S.

Zip

32424

Country

U.S.

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

8/25/1972

5. FEI Number

591418466

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

Robert A Turner

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

~~P.O. Box 366~~ 20311 Central Ave West

Suite, Apt. #, Etc.

City

Blountstown

State

FL

Zip Code

32424

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

Robert A. Turner

REGISTERED AGENT MUST SIGN

Date

6/8/06

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 |
|-------------|-----------------------------------|--|------------------------------|
| <i>VP</i> | <i>Sharon Turner</i> | <i>20311 Central Ave. W</i> | <i>Blountstown, FL 32424</i> |
| <i>Pres</i> | <i>Robert A. Turner</i> | <i>"</i> | <i>"</i> |
| | | | |
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REINSTATEMENT

B 6/8/06

99-06

800076429218

06/21/06--01017--004 **1200.00

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:

Robert A. Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/06

Date

850-674-5041

Daytime Phone #

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To whom it may concern:

We did not receive notice of renewal
for 1999.

Thank you.

Robert A. Jumper
6/8/06