

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000005885

FILED  
Feb 20, 2009  
Secretary of State

Entity Name: TURKANIS LEATHER, INC.

**Current Principal Place of Business:**

8140 N.W. 74TH AVENUE, SUITE 13  
MEDLEY, FL 33166

**New Principal Place of Business:**

9631 NW 33RD STREET  
DORAL, FL 33172

**Current Mailing Address:**

8140 N.W. 74TH AVENUE, SUITE 13  
MEDLEY, FL 33166

**New Mailing Address:**

9631 NW 33RD STREET  
DORAL, FL 33172

FEI Number: 01-0410350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, AARON M  
AARON M. COHEN, PA  
955 NW 17TH AVE, UNIT D  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AARON M COHEN

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: TURKANIS, MICHAEL  
Address: 10 SALT SPRAY LANE  
City-St-Zip: CAPE ELIZABETH, ME 04107

Title: CD ( ) Delete  
Name: TURKANIS, MICHAEL  
Address: 10 SALT SPRAY LANE  
City-St-Zip: CAPE ELIZABETH, ME 04107

Title: D ( ) Delete  
Name: TURKANIS, HARRIET  
Address: 10 SALT SPRAY LANE  
City-St-Zip: CAPE ELIZABETH, ME 04107

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS DUBAY

VP

02/20/2009

Electronic Signature of Signing Officer or Director

Date