PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -3 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K57510

1. Corporation Name
THE TURNWALD CORPORATION

REINSTATEMENT 04

2. Principal Office Address	**3.** Mailing Office Address
2893 S. W. 69th COURT	2893 S. W. 69th COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL 33155-2828	City & State: MIAMI, FL 33155-2828
Zip: 33155-2828 Country: USA	Zip: 33155-2828 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/11/89

5. FEI Number: 65-0136960 ☐ 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: HANS A. TURNWALD

Street Address (P.O. Box Number is Not Acceptable): 2893 S. W. 69th COURT

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33155-2828

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 _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
VP	HANS A TURNWALD	1632 S. BAYSHORE COURT APT #2	MIAMI, FL 33133
P	ANNE L. TURNWALD	1632 S. BAYSHORE COURT APT #2	MIAMI, FL 33133

100042435141
11/03/04--01027--002 **150.00

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 under section 119.07(3)(i), 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: _____ HANS A. TURNWALD 786-3887722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

The Turnwald Corporation
2893 S.W. 69th Court
Miami, Florida 33155-2828

October 28, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement Document # K57510

Dear Sir:

Enclosed is my application for reinstatement and my check in the amount of $150. I never received an annual report (UBR) in "2004" or a past due notice.

Please accept this check and waive any penalty. I am a small business and a penalty would create a hardship for me.

Thank you for your consideration.

Very truly yours,

Hans Turnwald, Vice President