

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

2. Principal Office Address

2893 S. W. 69th COURT

3. Mailing Office Address

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

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

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 corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANS A. TURNWALD

Date

786-3887722

Daytime Phone #

CR2E081 (01/04)

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:

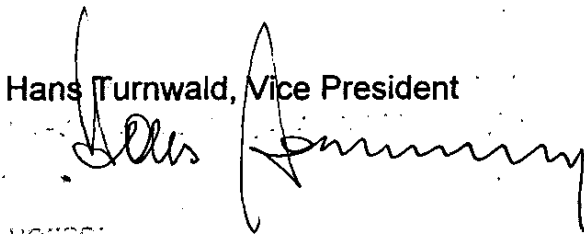
Enclosed is my application for reinstatement and my check in the amount of \$150. I never received an annual report (UBR) in "2004" or a past due notice.

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



NOTICE
The enclosed document is a copy of the original document (UBR) in 2004. It is a copy of the original document and is not a copy of the original document. It is a copy of the original document and is not a copy of the original document.