

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 27 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003612

1. Corporation Name

TURNAROUND PROPERTY MANAGEMENT
INC

2. Principal Office Address

22710 VISTAWOOD WAY

3. Mailing Office Address

22710

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON FLORIDA

Zip

33428

Country

USA

Zip

33428

Country

USA

REINSTATEMENT

03-04

Date Incorporated or Qualified
To Do Business in Florida

01/05/2000

5. FEI Number

650974138

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH ODIWO

800039561358

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

22710 VISTAWOOD WAY

07/27/04--01026--001 **300.75

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

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

Joseph Odiwo

REGISTERED AGENT MUST SIGN

Date 7/23/2004

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
P	DAVID ODIWO	151 NE 209 TERRACE	MIAMI FL 33179
VP	JOSEPH ODIWO	22710 VISTAWOOD WAY	BOCA RATON FL 33428
S	IDANESI ODIWO	22710 VISTAWOOD WAY	BOCA RATON FL 33428

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)(f), 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:

Joseph Odiwo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/04 (954) 274-7243

Date

Daytime Phone #

CRS(081) (01/04)

FROM: JOSEPH ODIWO

DATE: 7/23/04

RE: TURNAROUND PROPERTY MANAGEMENT INC
TO WHOM IT MAY CONCERN

Dear Sir/MS

This is to inform you that I did not receive annual reports for the years 2003, and 2004. Due to the fact that I changed my address. This is evident in my reinstatement form.

enclosed with letter is a check for \$308.75 Three hundred & eight dollars & seventy five cents, for two years annual report fees and the certificate of status fee.

I can be contacted at the address below or
By phone at (954) 274-7243.

Thank.

Joseph Odiwo

JOSEPH ODIWO

22710 VISTAWOOD WAY

BOCA RATON FLORIDA

33428.