

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -5 PM 1:38

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # P02000100461

1. Corporation Name

Turning Point Zone, Inc.

800075377828

05/26/06--01047--015 **50.00

800075377828

05/26/06--01047--014 **1000.00

2. Principal Office Address

15325 SW 89th

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33157

Country

USA

3. Mailing Office Address

15325 SW 89th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

REINSTATEMENT
CR2E081 (12/05)

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/02

5. FEI Number

30-0157591

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

Joyce Dixon

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

15325 SW 89th Ave

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33157

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

Joyce Dixon
REGISTERED AGENT MUST SIGN

Date 5/3/06

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
Chair	Joyce Dixon	15325 SW 89th Ave	Miami FL 33157
Treasurer	Joyce Dixon	15325 SW 89th Ave	Miami FL 33157
Sec	Nicole Dixon	15325 SW 89th Ave	Miami FL 33157

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:

Joyce M. Dixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/06

Date

Daytime Phone #

Nicole M. Dixon

5/10/06

MAY 12 2006