2005 FOR PROFIT CORPORATION REIMSTATEMENT

1. Entity Nam	MENT # P03000021 oturquoise, inc.	-		05 JAN	ILED		•	
Principal Place of Business TOWER 41, 4101 PINE TREE DRIVE #1814 MIAMI BEACH, FL 33140 US Mailing Address TOWER 41, 4101 PINE TREE DRIVE #1814 MIAMI BEACH, FL 33140 US					SECHE TALLAH	AAR Y OF STA ASSEEL FLOI	IB 861 881 81 8 81 8	10 111111
				K 57.	#	otate	WENT	
Suite, Apt. #, etc. Suite, Apt. #, etc.					010420961 F	10000000000000000000000000000000000000	CH2E098 (6/04)	09-00
City & State	City & State DAVIE	BAVIE, FL				 	Applicable	
Zip 33	30 Country SA	^{Zip} 33330	Country USA		5. Certificate of S	Status Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Current	Name		Idress of New Regis				
VON SINNER, CHDAWAN - MRS. TOWER 41, 4101 PINE TREE DRIVE # 1814					(P.O. Box Number is Not Acceptable)			
	ACH, FL 33140	13979 SW 44th ST.						
City					Ē,		FL Zip Code	330
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature. Hybrid or printed name of registered agent and lifte if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$900.00								
10.	OFFICERS AND		11.		ADDITIONS/CH	IANGES TO OFFICE	RS AND DIRECTORS	
TITLE NAME	DIRECTOR Detete					-	☐ Change	☐ Addition
STREET ADDRESS	SS 13979 SW 44 1 ST.			T ADDRESS				
CITY-ST-ZIP TITLE	<i>DAVIG</i> , <i>FL</i> 3333 0 CII PRESIDENT □ Delete · III			ST-ZIP			☐ Change	Addition
	DR. WALTHER N. VON SINNER NA						change	Addition
STREET ADDRESS CITY - ST - ZIP	10177 311 4-111			ADDRESS				
TITLE	Divie, FL 33330			ST-ZIP			☐ Change	Addition
	MANAGER Delete TITE MRS. PARITHORN PROMAKUN INA 1908 FOX LAIR DR. STR					_		Addition
STREET ADDRESS CITY-ST-ZIP	9008 FOX LAIR DR. BURKE, VA 220	STREE CITY-S	T ADDRESS ST-ZIP					
TITLE NAME		☐ Delete	. TITLE NAME				Change	☐ Addition
STREET ADDRESS				T ADDRESS				}
CITY-ST-ZIP			CITY-S	ST-ZIP				
TITLE			TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREE	r address	20	00456	50612	
CITY-ST-ZIP			CITY-S		017317	0501017	50612 -025 **908.	. 75
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS	•			F ADDRESS				
CITY-ST-ZIP			CHTY-S					
12: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 poort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: MRS. CHDAWAN VON SINNER 954-2546094 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline (Program)								

20.00