

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 NOV -7 PM 12:51

DOCUMENT # P05000095954

1. Corporation Name

TURAN GROUP, INC.

B11/B/S  
**REINSTATEMENT** 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

4333 Silver Star Road.

3. Mailing Office Address

4333 Silver Star Road.

Suite, Apt. #, etc.

# 170

Suite, Apt. #, etc.

# 170

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32808

Country

U.S.A.

Zip

32808

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

07/07/2005

5. FEI Number

20-4632019

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

MUSTAFA TURHAN GULER

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

4333 Silver Star Rd.

Suite, Apt. #, Etc.

# 170

City

ORLANDO

State

FL

Zip Code

32808

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

M Guler

REGISTERED AGENT MUST SIGN

Date

11.06.07

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
PD	MUSTAFA T. GULER	4333 Silver Star Rd. #170	Orlando / FL / 32808
VD	Sabina GULER	4333 Silver Star Rd #170	Orlando / FL / 32808
T	Mujdat GULER	4333 Silver Star Rd #170	Orlando / FL / 32808
S	Cihan GULER	4333 Silver Star Rd. #170	Orlando / FL / 32808

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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: MUSTAFA T. GULER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M Guler

11.06.2007

Date

407 298 7176

Daytime Phone #