

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC -6 AM 11:10

SECRETARY OF STATE  
TALLahassee, FLORIDA

DOCUMENT # 79200008769

1. Corporation Name

TURPEX REAL ESTATE, INC.

Principal Place of Business

Mailing Address

1031 West Morse Blvd, Suite 105  
Winter Park, Fl 32789

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/25/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For  
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Michael L. Marlowe	1031 W.Morse Blvd., Suite 105	Winter Park, Fl 32789
			300002369693--0 -12/11/97--01082--016 ***1410.00 ***1410.00
			REINSTATEMENT <u>93-97</u>
			96 12-10-97

8. Name and Address of Current Registered Agent

Michael L. Marlowe  
1031 W. Morse, Blvd., Suite 105  
Winter Park, Fl 32789

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Michael L. Marlowe*

REGISTERED AGENT MUST SIGN

Date 11/26/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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:

*Michael L. Marlowe, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL L. MARLOWE, PRESIDENT

11/26/97 (407)629-5008  
Date Daytime Phone #

CP25040 (1-2095)