

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 27 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029957

1. Corporation Name

TURPIAL BRAND CORPORATION

2. Principal Office Address

1245 NW 21 STREET

3. Mailing Office Address

1245 NW 21 STREET

Suite, Apt. #, etc.

BAY 17-26

Suite, Apt. #, etc.

BAY 17-26

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33142

Country

USA

Zip

33142

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-4927313

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

ARMANDO J. SOTOLONGO

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

1245 NW 21 STREET

Suite, Apt. #, Etc.

BAY 17-26

City

MIAMI

State

FL

Zip Code

33142

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

05/25/06

Date

REGISTERED AGENT MUST SIGN

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
PRES	ARMANDO J. SOTOLONGO	9283 SW 169TH AVE.	MIAMI, FL. 33196
VP	IRENE SOTOLONGO	9283 SW 169TH AVE.	MIAMI, FL. 33196

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO J. SOTOLONGO

05/25/06 (305) 219-9832

Date

Daytime Phone #

K. Eckel AUG 01 2006