

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FORM  
REINSTATEMENT**



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

**APPROVED  
AND  
FILED**

1998 FEB -9 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000087908**

1. Corporation Name

**Turquoise International Corp.**

Principal Place of Business

**Miami Beach, Florida**

Mailing Address

**10155 Collins Avenue  
Unit 303  
Miami Beach, Florida  
33154**

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

2. New Principal Office Address, If Applicable  
**10155 Collins Avenue**

3. New Mailing Office Address, If Applicable  
**10155 Collins Avenue**

Suite, Apt. #, etc.

**30 Unit 303**

Suite, Apt. #, etc.

**Unit 303**

City & State

**Miami Beach, Florida**

City & State

**Miami Beach, Florida**

Zip  
**33154**

Country  
**USA**

Zip  
**33154**

Country  
**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**December 21, 1993**

5. FEI Number

**65-0455888**

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director Aldo Antonio Rafael Raia President, T,S		10155 Collins Avenue #301	Miami Beach, Florida 33154
Director Sumaia Labaki Raia Vice President		10155 Collins Avenue #301	Miami Beach, Florida 33154
Vice President Virginia Hannud Raia		10155 Collins Avenue #301	Miami Beach, Florida 33154

**REINSTATEMENT**

97-280  
158  
2/5/98

8. Name and Address of Current Registered Agent

**Pegiro, Inc.  
2880 S.W. 58th Ave.  
Miami, FL 33155**

9. Name and Address of New Registered Agent

Name

**National Registered Agents, Inc.**

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

**701 Brickell Avenue**

Suite, Apt. #, Etc.

**Suite 1800**

City

**Miami,**

State  
**FL**

Zip Code  
**33131**

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

REGISTERED AGENT MUST SIGN

**600002429176--1**

Date **02/12/98**

**01079--017**

**\*\*\*\*900.00 \*\*\*\*900.00**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(i), 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

2/6/98

305-865-5104

Date

Daytime Phone #

CR2E040 (1/98)