

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 31 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000056357

1. Corporation Name

Turenne, Inc

RECEIVED  
06

2. Principal Office Address

1395 Brickell Av

3. Mailing Office Address

1395 Brickell Av.

Suite, Apt. #, etc.

Suite 650

Suite, Apt. #, etc.

Suite 650

City &amp; State

Miami, FL

City &amp; State

Miami, FL

Zip

33131

Country

U.S.

Zip

33131

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

7/19/1995

5. FEI Number

65-0603458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Robert W. Stewart P.A., a Florida professional association

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

1395 Brickell Av.

Suite, Apt. #, Etc.

Suite 650

City

Miami

200081395272  
10/31/06--01077--007 \*\*750.00State  
FL

Zip Code

33131

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

President

Date 10/26/06

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
PS	Perez, Jose A	Colonia El Prado contiguo a puente San Jose	Tegucigalpa, Honduras

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 Jose A. Perez10/18/2006 954 781 0003  
Date Daytime Phone #