PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

97 NOV 17 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025231

1. Corporation Name

TURKEY TOWN INC.

Principal Place of Business

19575 BISCAYNE
CENTER ROOM 1401.
AVENTURA MALL SHOPPING CENTER
MIAMI FL 33180

Mailing Address

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

1210 Washington Ave
Suite, Apt. #, etc.
#290
City & State
Miami Beach FL
Zip 33139 | Country Dade

4. Date Incorporated or Qualified To Do Business in Florida 3-21-96

5. FEI Number
65-0650409
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)

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
VP	Barry Brodsly	[redacted] MB #290 1210 Washington Ave	Miami Beach Fl 33139
P	Edith Brodsly	[redacted] 1210 Washington Ave #290	Miami Beach Fl. 33139

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-11/18/97--01091--012
****750.00 ****750.00

AM 11/18

8. Name and Address of Current Registered Agent

AMERILAWYER chartered
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: Howard Brodsky Esq.
Street Address (P.O. Box Number is Not Acceptable): 2701 S. BAYSHORE DR
Suite, Apt. #, Etc.: STE 602
City: MIAMI | State: FL | Zip Code: 33133

CR2E040 (12/96)

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: Howard Brodsky
REGISTERED AGENT MUST SIGN

Date: 10-18-97

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)(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

11/3
Date

535-6305
Daytime Phone #