

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

98 NOV 30 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025231

1. Corporation Name

TURKEY TOWN, INC.

Principal Place of Business

Mailing Address

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

1210 WASHINGTON AVE  
#290  
MIAMI BEACH FL 33139

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/21/1996

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
V	BRODSKY, BARRY	1210 WASHINGTON AVE #290	MIAMI BEACH FL 33139
P	BRODSKY, EDITH	1210 WASHINGTON AVE #290	MIAMI BEACH FL 33139

700002707437--9  
-12/09/98--01072--022  
\*\*\*150.00 \*\*\*150.00

BR n/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRODSKY, HOWARD ESQ  
2701 S. BAYSHORE DR  
STE 602  
MIAMI FL 33133

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-26-98

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

11-18-98

305-935-1508

CR2040 (9/98)

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

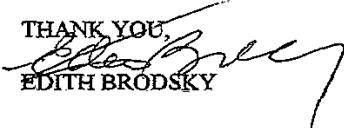
NOV. 18, 1998

DEAR SIRs,

ENCLOSED PLEASE FIND CHECK OF \$150.00 FOR MY YEARLY CORPORATION  
FEE.

AS PER MY TELEPHONE CONVERSATION WITH YOUR OFFICE ON NOV. 15, 1998  
SINCE I NEVER RECEIVED ANY PRIOR NOTICE THAT THIS WAS DUE, I WAS  
TOLD TO SEND IN THIS AMOUNT.

THANK YOU,

  
EDITH BRODSKY