

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 14 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S65113**

1. Corporation Name

The Turchin Group, Inc.

2. Principal Office Address - No P.O. Box #

4501 N Meridian Ave.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

4501 N Meridian Ave.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/05/1991

5. FEI Number

650269882

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

61-08

CR2E081 (10/08)

**7. Name and Address of Current Registered Agent**

Name

Robert L Turchin, Jr

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

4501 N Meridian Ave

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Robert L Turchin, Jr*

REGISTERED AGENT MUST SIGN

Date **October 9, 2008**

**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
P/S/T	Robert L Turchin Jr	4501 N Meridian Ave	Miami Beach, FL, 33140

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:

*Robert L Turchin, Jr*

Robert L Turchin, Jr

10/09/2008

305-332-4587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #