

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE

**L940000089**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 30 AM 4: 02

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L940000089**  
 Turnkey Real Estate Investments LC  
 801 Eisenhower Dr  
 Key West FL 33040

1a. Principal Place of Business Address  
 801 Eisenhower Drive  
 Key West FL 33040

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business  
 801 Eisenhower Dr  
 Suite, Apt. #, etc.

2a. Mailing Address  
 801 Eisenhower Dr  
 Suite, Apt. #, etc.

City & State  
 Key West FL

City & State  
 Key West FL

Zip  
 33040

Zip  
 33040

3. Date Organized or Qualified  
 1994

3a. State of Formation  
 FL

4. FEI Number  
 Applied For  
 Not Applicable

5. Date of Last Report  
 65-0416554

6. Certificate of Status Desired  
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
 James Hettinger  
 Turnkey Real Estate Investments LC  
 801 Eisenhower Drive  
 Key West FL 33040

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

Zip Code  
**FL**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *James Hettinger* Date \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR/Pres	James Hettinger	801 Eisenhower Drive	Key West FL 33040
DEBENTURE SUPP	500.00 400.00 355.00 1,255.00		900002506329--9
<b>REINSTATEMENT 1995-1998</b> (B/K)			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *James Hettinger* Date \_\_\_\_\_ Daytime Phone # **305-293-800 x 28**

Typed or printed name of signing Managing Member/Manager **James Hettinger**

L94000000089



ACCOUNT NO. : 072100000032

REFERENCE : 801553 4727731

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : \$ ~~1,425.00~~

ORDER DATE : April 30, 1998

ORDER TIME : 9:48 AM

ORDER NO. : 801553-005

CUSTOMER NO: 4727731

CUSTOMER: Mr. Bruce Oberfest  
Bruce Oberfest P.c. Tax  
287 King Street

Chappaqua, NY 105140000

9,1255

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DIVISION OF CORPORATIONS  
98 APR 30 AM 4: 02

DOMESTIC FILINGS

NAME: TURNKEY REAL ESTATE  
INVESTMENTS LC.

RECEIVED  
98 APR 30 AM 10: 39  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALL MAN STATE BUILDING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith  
EXAMINER'S INITIALS \_\_\_\_\_

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DIVISION OF CORPORATIONS  
98 APR 30 AM 4: 02