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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 DEC 20 PM 12:51	
DOCUMENT # <u>P99000010935</u>					
1. Corporation Name <u>Turbine Startup Services, Inc.</u>					
2. Principal Office Address <u>2521 Success Dr.</u>		3. Mailing Office Address <u>2521 Success Dr.</u>		CR2E081 (8/05)	
Suite, Apt. #, etc. <u>#2</u>		Suite, Apt. #, etc. <u>#2</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>2-1-99</u>	
City & State <u>Odessa, FL</u>		City & State <u>Odessa, FL</u>		5. FEI Number <u>59-3558376</u>	
Zip <u>33556</u>	Country <u>us</u>	Zip <u>33556</u>	Country <u>us</u>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Ernesto Colon</u> <u>700062513457</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>2521 Success Dr.</u> <u>12/30/05 01059 008 #300</u>					
Suite, Apt. #, Etc. <u>#2</u>					
City <u>Odessa</u>				State <u>FL</u>	Zip Code <u>33556</u>
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 <u>[Signature]</u>				Date <u>12/19/05</u>	
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 <u>D</u>	Name of Officers and/or Directors <u>Ernesto Colon</u>	Street Address of Each Officer and/or Director <u>2521 Success Dr. #2</u>	City / State / Zip <u>Odessa, FL 33556</u>		
<u>Pres.</u>					
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 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: <u>[Signature]</u>				Date <u>12/19/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>813-601-7105</u>	

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*Turbine Startup Services, Inc.
2521 Success Dr., Suite 2, Odessa, FL 33556
telephone 813/601-7105*

December 19, 2005

Florida Department of State
Secretary of State
Division of Corporations

Re: Turbine Startup Services
Document # P99000010935
Corporation Reinstatement

Please consider my request to have the Reinstatement Fees waived.

The corporation was administratively dissolved due to the annual report not being submitted for 2004. The reason that it was not submitted was because apparently when your office mailed out the forms it was mailed to an old address and the forwarding time had expired with the post office, and therefore I did not receive the annual reporting form.

My address on file under the Officer Detail Information is correct, which is 2521 Success Dr., Suite 2, Odessa, FL 33556 and this is the address that should be listed for me as the Registered Agent's address.

Thank you for your consideration of my request.

Sincerely,



Ernesto Colon
Turbine Startup Services, Inc.