


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # <u>LO400009386</u>																											
1. Limited Liability Company's Name <u>TurnKey Results LLC</u>																											
2. Principal Office Address - No P.O. Box # <u>606 Day Rd</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>same</u> <small>Suite, Apt. #, etc.</small>																									
City & State <u>Seffner FL</u>		City & State <u>Hillsborough</u>																									
Zip <u>33584</u>	Country <u>Hillsborough</u>	Zip	Country																								
4. State/Country of Formation <u>Florida Hillsborough</u>																											
5. Date Organized or Qualified To Do Business in Florida <u>12/27/04</u>																											
6. FEI Number <u>20-2058884</u>			Applied For <input type="checkbox"/> Not Applicable																								
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status</small>																											
8. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 5px;">Name <u>Mary Ann Gray</u></td></tr><tr><td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable) <u>606 Day Rd</u></td></tr><tr><td colspan="2" style="padding: 5px;">Suite, Apt. #, Etc.</td></tr><tr><td style="padding: 5px;">City <u>Seffner</u></td><td style="padding: 5px;"><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">State <u>FL</u></td><td style="padding: 2px;">Zip Code <u>33584</u></td></tr></table></td></tr></table>				Name <u>Mary Ann Gray</u>		Street Address (P.O. Box Number is Not Acceptable) <u>606 Day Rd</u>		Suite, Apt. #, Etc.		City <u>Seffner</u>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">State <u>FL</u></td><td style="padding: 2px;">Zip Code <u>33584</u></td></tr></table>	State <u>FL</u>	Zip Code <u>33584</u>														
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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. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 5px;">Signature of Registered Agent _____</td><td style="width: 40%; padding: 5px;">Date _____</td></tr></table> <p style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</p>				Signature of Registered Agent _____	Date _____																						
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10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Managing Members/Managers</th><th style="width: 30%;">Street Address of Each Managing Member/Manager</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td style="padding: 5px;"><u>owner/Manager</u></td><td style="padding: 5px;"><u>Mary Ann Gray</u></td><td style="padding: 5px;"><u>606 Day Rd</u></td><td style="padding: 5px;"><u>Seffner, FL 33584</u></td></tr><tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr><tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr><tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr><tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr></tbody></table> <p style="text-align: right; margin-top: 10px;">200101874982 05/09/07--01006--018 **150.00</p> <p style="text-align: right; margin-top: 10px;">REINSTATEMENT 05-07</p>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	<u>owner/Manager</u>	<u>Mary Ann Gray</u>	<u>606 Day Rd</u>	<u>Seffner, FL 33584</u>																
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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. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">Signature of Managing Member/Manager <u>Mary Ann Gray</u></td><td style="width: 20%; padding: 5px;">Date <u>4-26-07</u></td><td style="width: 40%; padding: 5px;">Daytime Phone # <u>813-789-7039</u></td></tr></table> <p style="margin-top: 5px;">Typed or printed name of signing Managing Member/Manager <u>Mary Ann Gray</u></p>				Signature of Managing Member/Manager <u>Mary Ann Gray</u>	Date <u>4-26-07</u>	Daytime Phone # <u>813-789-7039</u>																					
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