

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -1 AM 8:35

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 005000005163

1. Limited Liability Company's Name

Turnkey Office Relocation Services, LLC

2. Principal Office Address  
2424 North Federal Highway

Suite, Apt. #, etc.

City & State  
Boca Raton, FL

Zip  
33431

Country

3. Mailing Office Address  
2424 North Federal Highway

Suite, Apt. #, etc.

City & State  
Boca Raton, FL

Zip  
33431

Country

4. State/Country of Formation  
Delaware

5. Date Organized or Qualified  
To Do Business in Florida September 19, 2005

6. FEI Number  
20-3417528

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Marisa Ajmo

Street Address (P.O. Box Number is Not Acceptable)  
2424 North Federal Highway

Suite, Apt. #, Etc.

City  
Boca Raton

State  
FL

Zip Code  
33431

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

*Marisa D. Ajmo*  
REGISTERED AGENT, MUST SIGN

Date 11/29/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Steve Rubenstein	2424 North Federal Highway	Boca Raton, FL 33431
			900082211799 12/01/06--01050--003 **155.00
		REINSTATEMENT	2006

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

*[Signature]*

Date 11/28/06

Daytime Phone # 561 998 6711

Typed or printed name of signing Managing Member/Manager