

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

05 AUG 30 PM 1:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P02000015175

1. Corporation Name TURNKEY CONCEPTS, INC.

100059384351 09/07/05--01016--027 **450.00

K. Eckel AUG 30 2005

2. Principal Office Address 5435 SEALINE BLVD.

3. Mailing Office Address 5435 SEALINE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State GREENACRES, FL

City & State GREENACRES, FL

Zip 33463

Country USA

Zip 33463

Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/4/02

5. FEI Number 38-3672598

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RICHARD C. ENTIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 4300 N. UNIVERSITY DR. D-202 Suite, Apt. #, Etc. City FT. LAUDERDALE State FL Zip Code 33351

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 Richard C. Entin REGISTERED AGENT MUST SIGN

Date 8/26/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PRES/ CEO, MARC GEFTMAN, 5435 SEALINE BLVD., GREENACRES, FL 33463

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/25/05 Daytime Phone # 561-868-0802

CR2E081 (01/05)

TURNKEY CONCEPTS, INC.

5435 SEALINE BLVD. GREENACRES, FL 33463 (561) 868-0802 FAX (561) 868-0822

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August 25, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

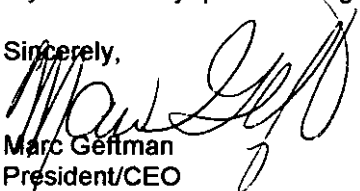
To whom it may concern,

I am requesting reinstatement of Turnkey Concepts, Inc. In fact, I was not aware until yesterday that our corporation has been inactive for the past 2 years. We found out by accident. Our registered agent/attorney who originally did our corporation papers put himself on as the registered agent. Since then, he has moved and has not done any work with our company. Therefore, your corporation filing papers must have been sent to his office for the past two years and I was not aware of what needed to be done.

I ask that you waive the additional fees and reinstate our corporation. Thank you for your consideration regarding this matter.

If you have any questions regarding this matter, please do not hesitate to call me at 561-868-0802.

Sincerely,


Marc Geftman
President/CEO