2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 20, 2009
Secretary of State

DOCUMENT# P07000001736

Entity Name: TURSYNERGY, INC.

Current Principal Place of Business:

21353 SW 92 AVENUE
MIAMI, FL 33189 US

New Principal Place of Business:

Current Mailing Address:

21353 SW 92 AVENUE
MIAMI, FL 33189 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERSAUD, SAMUEL A ESQ.
201 NORTH KROME AVENUE
SUITE 200
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

TURSO, III, WILLIAM T P
21353 SW 92 AVE
MIAMI, FL 33189 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM T. TURSO III 05/20/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TURSO, WILLIAM T III
Address: 21353 SW 92 AVENUE
City-St-Zip: MIAMI, FL 33189 US

Title: T ( ) Delete
Name: TURSO, WILLIAM T III
Address: 21353 SW 92 AVENUE
City-St-Zip: MIAMI, FL 33189 US

Title: VP ( ) Delete
Name: TURSO, WILLIAM T JR.
Address: 21353 SW 92 AVEN UE
City-St-Zip: MIAMI, FL 33189 US

Title: S ( ) Delete
Name: TURSO, WILLIAM T JR.
Address: 21353 SW 92 AVENUE
City-St-Zip: MIAMI, FL 33189 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: GM ( ) Change (X) Addition
Name: TURSO, DOUGLAS D
Address: 21353 SW 92 AVE
City-St-Zip: MIAMI, FL 33189

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. TURSO III P 05/20/2009
Electronic Signature of Signing Officer or Director Date