2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000068659

Entity Name: TURNKEY SERVICES, INC

FILED Oct 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

325 SW 66TH AVENUE MARGATE, FL 33068

Current Mailing Address: New Mailing Address:

PO BOX 970168 325 SW 66TH AVENUE COCONUT CREEK, FL 33097 US MARGATE, FL 33068

FEI Number: 80-0221130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARCHEL, JOHN E 325 SW 66TH AVENUE MARGATE, FL 33097 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: LILLIAN C MARCHEL

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 MARCHEL, JOHN E
 Name:

 Address:
 PO BOX 970168
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33097
 City-St-Zip:

Title: TRES () Delete Title: () Change () Addition

 Name:
 MARCHEL, JOHN E
 Name:

 Address:
 PO BOX 970168
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33097
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

Name: MARCHEL, JOHN E Name: MARCHEL, LILLIAN C Address: PO BOX 970168 Address: PO BOX 970168

City-St-Zip: COCONUT CREEK, FL 33097 City-St-Zip: COCONUT CREEK, FL 33097

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: LILLIAN C MARCHEL SEC 10/23/2009