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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 99000093800

1. Corporation Name
Turnkey Options, Inc.
~~W06-42957~~

2. Principal Office Address
7621 Southwick St.

3. Mailing Office Address
108 Ingram Rd.

4. Date incorporated or Qualified To Do Business in Florida
10/01/1999

5. FEI Number
59-3593004

6. CERTIFICATE OF STATUS DESIRED Applied For

7. Name and Address of Current Registered Agent
Name: **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
City: **Plantation** State: **FL** Zip Code: **33324**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.
Signature of Registered Agent: *Judith B. Argao*
Name: **Judith B. Argao**
Title: **Asst. Secretary & V. President**
Date: **10/11/06**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Randy Remillard	7621 Southwick St.	Orlando, FL 32818

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10. I certify that I am an officer or director or the member or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. (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 provided in Chapter 119, 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]* Date: **10/16/06** 757 220-6658