





# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F03000002123</b> 1. Entity Name <b>CCSI INC.</b>						FILED 06 AUG 30 PM 2:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3509 US ROUTE 22 EAST SOMERVILLE, NJ 08876</b>			Mailing Address <b>3509 US ROUTE 22 EAST SOMERVILLE, NJ 08876</b>			 <b>REINSTATEMENT 05-06</b> 08282006 REIN P CR25008 (F05)	
2. Principal Place of Business <b>2425-222 St. East</b> Suite, Apt. #, etc.		3. Mailing Address <b>7082-55th Ave East</b> Suite, Apt. #, etc.					
City & State <b>Bradenton FL</b>		City & State <b>Bradenton FL</b>					
Zip <b>34211</b> Country <b>USA</b>		Zip <b>34203</b> Country <b>USA</b>		4. FEI Number <b>55-0730377</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent <b>CARLSON, STEVE 746 PLANTERS MANNER WAY BRADENTON, FL 34202</b>				7. Name and Address of New Registered Agent Name <b>CARLSON, STEVE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2425-222 St. East</b> City <b>BRADENTON FL</b> Zip Code <b>34211</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <b>STEVE CARLSON - PRESIDENT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>						11/1/2006 <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP PREISS, DIRK M 3509 US RT 22 EAST SOMERVILLE, NJ 08876	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400079520924 09/06/06--01035--015 **908.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALDABAKRE, PAUL J 3509 US ROUTE 22 EAST SOMERVILLE, NJ 08876	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPARUTO, FRANK 3509 US ROUTE 22 EAST SOMERVILLE, NJ 08876	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLSON, STEVE 2425-222 St. East Bradenton FL 34211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLSON - CHRISTINA 2425-222 St. East Bradenton FL 34211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <b>STEVE CARLSON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/1/2006 <small>Date</small>		941-704-3524 <small>Daytime Phone #</small>	