


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 22 AM 8:36

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000024146

1. Limited Liability Company's Name
Center of Solution Group, LLC.

2. Principal Office Address 137 NORTHWEST 81ST WAY		3. Mailing Office Address 224 POSSUM PASS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL		City & State WEST PALM BEACH, FL	
Zip 33071	Country USA	Zip 33413	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 09/17/2002	
6. FEI Number 34-1987701	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: **STEVE VONHASSELN**

Street Address (P.O. Box Number is Not Acceptable): **137 NW 81ST WAY**

Suite, Apt. #, Etc.

City: **CORAL SPRINGS** State: **FL** Zip Code: **33071**

REINSTATEMENT 03-05

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: *[Signature]* Date: 29 July 2005

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRESID	T.D. (Doc) GILLIS	224 POSSUM PASS	WEST PALM BEACH
EXEC.	STEVE VONHASSELN	137 NW 81ST WAY	CORAL SPRINGS

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: *[Signature]* Date: 5-27-2005 Daytime Phone # (561) 242-0326

Typed or printed name of signing Managing Member/Manager: **T.D. (DOC) GILLIS**

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