


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 29 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000053922

1. Limited Liability Company's Name
Global Network System Integration, INC

REINSTATEMENT 02-05

2. Principal Office Address <u>1520 Bogie Dr.</u>		3. Mailing Office Address <u>1520 Bogie Dr.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tampa Florida</u>		City & State <u>Tampa Florida</u>	
Zip <u>33612</u>	Country <u>USA</u>	Zip <u>33612</u>	Country <u>USA</u>

4. State/Country of Formation
Florida / Hillsborough

5. Date Organized or Qualified To Do Business in Florida
5/25/2001

6. FEI Number
59-3721595

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Michael Berg

Street Address (P.O. Box Number is Not Acceptable)
1520 Bogie Dr

Suite, Apt. #, Etc.

City Tampa

State FL Zip Code 33612

200056727362
06/29/05--01059--017 **1200.00

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 Michael A Berg Date 6/20/05

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
<u>D</u>	<u>Michael Berg</u>	<u>1520 Bogie Dr</u>	<u>Tampa / FL / 33612</u>

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 Michael A Berg Date 6/20/05 Daytime Phone # 813-389-0771

Typed or printed name of signing Managing Member/Manager Michael A Berg

CR2E041 (10/02)