

2006 FOR PROFIT CORPORATION REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 10: 24

REINSTATEMENT 06



DOCUMENT # F0500000400		1. Entity Name INSIGHT GLOBAL INCORPORATED	
Principal Place of Business 4330 GEORGETOWN SQUARE SUITE 506 ATLANTA, GA 30338		Mailing Address 4330 GEORGETOWN SQUARE SUITE 506 ATLANTA, GA 30338	
2. Principal Place of Business 4170 Ashford Dunwoody Rd Suite, Apt. #, etc. ste 580		3. Mailing Address 4170 Ashford Dunwoody Rd Suite, Apt. #, etc. ste 580	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30319		Country USA	
10102006		REIN-P	
CR2E098 (11/05)		4. FEI Number 58-2615957	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLINE, CURT 1000 NW 65TH ST. STE 301 FT. LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name: <u>Greg Murray</u> Street Address (P.O. Box Number is Not Acceptable): <u>500 W Cypress Creek Rd Ste 470</u> City: <u>Ft Lauderdale</u> FL Zip Code: <u>33309</u>
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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: DATE: 10/23/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Delete JOHNSON, GLENN 4330 GEORGETOWN SQUARE ATLANTA, GA 30338	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4170 Ashford Dunwoody Rd ste 580 Atlanta, GA 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input type="checkbox"/> Delete MADDEN, SCOTT 4330 GEORGETOWN SQUARE ATLANTA, GA 30338	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4170 Ashford Dunwood Rd ste 580 Atlanta GA 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete GALVEZ, RAY 4330 GEORGETOWN SQUARE ATLANTA, GA 30338	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200082100472 11/28/06--01033---020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: DATE: 10/11/06 DAYTIME PHONE #: 404-257-7928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #