* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PROPATION INSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED 00 SEP 28 AM 9: 40		
DOCUMENT # F9700002082 1. Corporation Name Communication Services Group INC.					SE TAU	CRETARY OF STATE LAHASSEE. FLORIDA	.
					REINSTATEMENT GRAN		
Suite, Apt. #, etc. Suite 100			Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida		
City & State	augite, FL		City & State		5. FEI Number	-9823524	Applied For Not Applicable
3333	5/ Countr	54	Zip	Country	6. CERTIFICATE	OF STATUS DESIDED TO S8.75 A	dditional Fee required Certificate of Status
7. Name and Address of Current Registered Agent Name CT CORPORATION SUFFEN Street Address (P.O. Box Number is Not Acceptable) 12.00 South Pine Talawa Road -10/06/0001087012 ***1058.75 City Plantation State Zip Code FL 333324							
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.							
Signature of Registered Agent Date 9-18-00 PEGISTERED AGENT MUST SIGN COMMIST Brown, Special Mast. Sum.							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Office	Name of rs and/or Directors		Street Address of Each Officer and/or Director		City / State / 2	Zíp
D,C	DR. Dougla	o R.Calki	11 770	11 W. Odland	Just Blis	STE SU Jange	ze final
<u>_P_</u>	HENRYC	Schyles	R 777	1 W. Calfau la	ek81va.5	610, JUNAJE	#1.3331
\checkmark	Edward	L. 5012	der m	1 W. Oakland R	PKONDO	pl, Sunpise,	FL, 33351
5	Iles Co	ROB	777	IW. Osklandle	ek Bluk	SENE DINFOR	12,3335/
					·	7	L8
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I 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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/2600 954747-16420 Daytime Phone #							