

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000014432

1. Entity Name
CAPITAL LEGAL SERVICES INTERNATIONAL, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 9:18

Principal Place of Business
4309 PABLO OAKS COURT
SUITE 5
JACKSONVILLE, FL 32224

Mailing Address
4309 PABLO OAKS COURT
SUITE 5
JACKSONVILLE, FL 32224

2. Principal Place of Business
10407 Centurion Parkway N.
Suite, Apt. #, etc.
Suite 112

3. Mailing Address
10407 Centurion Parkway N.
Suite, Apt. #, etc.
Suite 112



12042006 REIN-LLC CR2E101 (11/05)

City & State
Jacksonville, FL
Zip 32256 Country USA

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Jacksonville, FL
Zip 32256 Country USA

4. FEI Number
59-3681994
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEASLER, FRANK R JR.
4309 PABLO OAKS COURT, SUITE FIVE
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
10407 Centurion Parkway N, Ste 112
City Jacksonville FL Zip Code 32256

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CLS BUSINESS TRUST
STREET ADDRESS 4309 PABLO OAKS CT., SUITE FIVE
CITY-ST-ZIP JACKSONVILLE, FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 10407 Centurion Parkway N, Ste 112
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 300082455453
CITY-ST-ZIP 12/12/06--01017--003 ***55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Frank R. Keasler, Trustee CLS Business Trust, Manager 12/04/06 904331085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #