

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000030306

1. Entity Name
CONTINENTAL NETWORK SERVICES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 10:08

Principal Place of Business
12539 CRAYFORD AVE.
ORLANDO, FL 32837

Mailing Address
12539 CRAYFORD AVE.
ORLANDO, FL 32837

REINSTATEMENT 04-05



2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005 REIN-LLC CR2E101 (6/04)

4. FEI Number

20-0930556

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARIENTE, EDMUNDO
12539 CRAYFORD AVE.
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name
Same

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

City

FL

Zip Code

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 fee if applicable.

EDMUNDO PARIENTE
GENERAL MANAGER

01/18/05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 MGR ☒ Delete
NAME WALTER GUILLERMO GOMEZ
STREET ADDRESS P.O. BOX 691967
CITY-ST-ZIP ORLANDO, FL 32869-1967

TITLE MGR ☒ Delete
NAME HARRY N. PAGON
STREET ADDRESS 432 VILLAGE PL.
CITY-ST-ZIP DAVENPORT, FL 33896

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME MARIA DORENA P. PARIENTE
STREET ADDRESS 12539 CRAYFORD AVE.
CITY-ST-ZIP ORLANDO, FL 32837

TITLE MGR ☐ Change ☒ Addition
NAME MARIA O. BOZOVICH-PARIENTE
STREET ADDRESS 12539 CRAYFORD AVE.
CITY-ST-ZIP ORLANDO, FL 32837

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

EDMUNDO PARIENTE - GRL. MGR.

01/18/05

407-687-5374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #