PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -6 PM 2:50

CR2E041 (8/05)

DOCUMENT # L03000042171

1. Limited Liability Company's Name
CNS group, LLC

2. Principal Office Address	3. Mailing Office Address
1834 main St	P.O. Box 142098
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Sarasota FL	Coral Gables, FL
Zip: 34236 Country: USA	Zip: 33114-2098 Country: USA

4. State/Country of Formation: FLA/USA
5. Date Organized or Qualified To Do Business in Florida: 10-28-03
6. FEI Number: 41-2113658 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: James Chandler
000082260298
Street Address (P.O. Box Number is Not Acceptable): 1834 main St.
12/07/06--01051--020 **100.00
Suite, Apt. #, Etc.
City: Sarasota State: FL Zip Code: 34236

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 _____ Date 12-5-06
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
Mgr	Terry Chandler	3851 Tangier Terr	Sarasota, Fl 34239
Mgr	Harold Glen Norman	4149 University Dr.	Coral Gables FL 33146
Mgr	Wayne Sessions	1310 Genoa St.	Coral Gables, FL. 33134

REINSTATEMENT 2005-2006

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: Terry Chandler Date: 12-5-06 Daytime Phone #: 941/724-7514 or 941/954-7514

Typed or printed name of signing Managing Member/Manager: TERRY Chandler

CNS group LLC
P.O. Box 142098
Coral Gables, FL
33114-2098

Attention
Ms. Deborah Bruce
~~Fla. Dept of State~~
Registration Section
Clifton Bldg
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DEAR SIRS:

Please waive the $100 fee as we never Received any Notice for 2005.

Enclosed is a $100 check for 05 & 06. We appreciate your prompt attention to this for CNS group, LLC. #L03000042171.

Thank-you,

Terry Chandler