2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 31, 2007
Secretary of State

DOCUMENT# L03000042171

Entity Name: CNS GROUP, LLC

Current Principal Place of Business:

1834 MAIN ST.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

PO BOX 142098
CORAL GABLES, FL 331142098

New Mailing Address:

FEI Number: 41-2113658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDLER, JAMES R III
1834 MAIN STRREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JAMES R. CHANDLER, III

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHANDLER, TERRY D
Address: 3851 TANGIER TERRACE
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete
Name: NORMAN, HAROLD G
Address: UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: SESSIONS, WAYNE
Address: 1310 GENOAA STREET
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERRY D. CHANDLER MGRM 10/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date