

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG -1 AM 9:39

DOCUMENT # L04000085838

1. Entity Name  
C.N.S.G COMPUTER NETWORK SOLUTIONS LLC



Principal Place of Business  
10619 WEYBRIDGE DR  
TAMPA, FL 33626

Mailing Address  
10619 WEYBRIDGE DR  
TAMPA, FL 33626

2. Principal Place of Business

117 GLEASON COVE

3. Mailing Address

117 GLEASON COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32773

Country

USA

Zip

32773

Country

USA

4. FEI Number

02-0734138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLAZO, LILLIAN  
10619 WEYBRIDGE DR  
TAMPA, FL 33626

7. Name and Address of New Registered Agent

Name ENCARNACION, EDWIN

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

117 GLEASON COVE

City

SANFORD

FL

Zip Code

32773

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)

EDWIN ENCARNACION

7/26/06

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  
NAME COLLAZO, JOSE L  
STREET ADDRESS 10619 WEYBRIDGE DR  
CITY-ST-ZIP TAMPA, FL 33626 ☐ Delete

TITLE MGR  
NAME ENCARNACION, EDWIN  
STREET ADDRESS 117 GLEASON COVE  
CITY-ST-ZIP SANFORD, FL 32773 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200078470052  
08/08/06--01032--006 \*\*100.00

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  
REINSTATEMENT 05-06

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

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

EDWIN ENCARNACION  
MGR

Date

Daytime Phone #

7/26/06 (407) 702-5706