


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000085838		
1. Entity Name C.N.S.G COMPUTER NETWORK SOLUTIONS LLC		

FILED

08 JAN 15 PM 3:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01082008 REIN-LLC CR2E101 (1/07)

Principal Place of Business 117 GLEASON COVE SANFORD, FL 32773	Mailing Address 117 GLEASON COVE SANFORD, FL 32773
--	--

2. Principal Place of Business - No P.O. Box # 10619 Weybridge Dr.	3. Mailing Address 10619 Weybridge Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

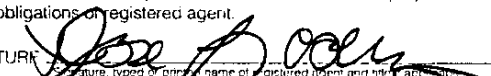
City & State Tampa FL	City & State Tampa FL
Zip 33626	Zip 33626
Country US	Country US

4. FEI Number 02-0734138	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent ENCARNACION, EDWIN 117 GLEASON COVE SANFORD, FL 32773
--

7. Name and Address of New Registered Agent Name CNSG LLC / Jose L Collazo Street Address (P.O. Box Number is Not Acceptable) 10619 Weybridge Dr. City Tampa FL Zip Code 33626
--

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  (NOTE: Registered Agent signature required when reinstating)	DATE JAN 8, 2008
---	------------------


FILE NOW!!! FEE IS \$277.50	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 NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLAZO, JOSE L 10619 WEYBRIDGE DR TAMPA, FL 33626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARDUY, Rodolfo 5434 Cannollwood Key Dr. Tampa FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT
07.08

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: 	DATE: Jan 8, 2008	DAYTIME PHONE #: 813-830-1115
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		