

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

07 NOV -6 PM 3:40

DOCUMENT # L05000043582

1. Limited Liability Company's Name

Computer Software Engineering Group, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

1729 Tall Pine Cr

3. Mailing Office Address

PO Box 4055

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Clearwater, FL

Zip

34695

Country

USA

Zip

33758

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

05/05/2005

6. FEI Number

20-2786709

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
Michael Jost

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

1729 Tall Pine Cr

Suite, Apt. #, Etc.

City
Safety Harbor, FL

State
FL

Zip Code
34695

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

None - Let

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

REGISTERED AGENT MUST SIGN

Date 10/20/2007

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
MGRM	David Touchton	2624 W. Grand Reserve Cr #719	Clearwater, FL 33759

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11/01/07--01040--013 **200.00

REINSTATEMENT

2006-2007

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

Date 10/20/2007

Daytime Phone # 727-520-5586

Typed or printed name of signing Managing Member/Manager David Touchton