
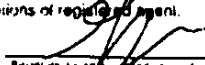



**2007 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

**FILED**

07 FEB -8 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000098953</b>				
1. Entity Name <b>TOTAL SERVER SOLUTIONS L.L.C.</b>				
Principal Place of Business <b>P.O. BOX 151354 CAPE CORAL, FL 33915</b>		Mailing Address <b>P.O. BOX 151354 CAPE CORAL, FL 33915</b>		
2. Principal Place of Business - No P.O. Box # <b>3015 Pine Island Road SW</b>		3. Mailing Address <b>3015 Pine Island Road SW</b>		
Suite, Apt. #, etc. <b>Suite 113-274</b>		Suite, Apt. # etc. <b>Suite 113-274</b>		
City & State <b>Cape Coral, Florida</b>		City & State <b>Cape Coral, Florida</b>		
Zip <b>33993</b>	Country <b>USA</b>	Zip <b>33993</b>	Country <b>USA</b>	4. FEI Number <b>02022007 REIN-LLC CR2E101 (1/07)</b>
5. Name and Address of Current Registered Agent <b>SIMAT, GARY 2591 SURFSIDE BLVD CAPE CORAL, FL 33914</b>				7. Name and Address of New Registered Agent Name <b>Gary Simat</b> Street Address (P.O. Box Number is Not Acceptable) <b>3015 Pine Island Road SW, Suite 113-274</b> City <b>Cape Coral</b> FL Zip Code <b>33933</b>
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  <b>Gary Simat, Registered Agent</b> DATE <b>2-8-07</b>				
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice		Make check payable to <b>Florida Department of State</b>
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>MGRM SIMAT, GARY P.O. BOX 151354 CAPE CORAL, FL 33915</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>MGRM Gary Simat 3015 Pine Island Road SW, Suite 113-274 Cape Coral, Florida 33993</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>MGRM CARLUCCIO SAPRIZA, CARLOS I JOSE MARTI 3214 MONTEVIDEO, URUGUAY 113000,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>MGRM MALDONADO BRICENO, CARLOS R RES LA HACIENDA, TORRE D, APT A-41 SAN CRISTOBAL TACH, VENEZUELA,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>MGRM WIGLE, JOHN G JR P O BOX 9768 WINSTON-SALEM, NC 27109</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Gary Simat, Managing Member		DATE: <b>2-8-07</b> Stamp: <b>2399103620</b>

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**REINSTATEMENT 2006-2007**