

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUL -2 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000000506

1. Limited Liability Company's Name

NET MANAGEMENT SERVICES, LLC

BK

CR2E041 (1/07)

| | | | |
|--|----------------|--|----------------|
| 2. Principal Office Address - No P.O. Box # 2545 E. Sunrise Blvd. | | 3. Mailing Office Address 2545 E. Sunrise Blvd. | |
| Suite, Apt. #, etc. Suite #105 | | Suite, Apt. #, etc. Suite #105 | |
| City & State Fort Lauderdale FL | | City & State Fort Lauderdale FL | |
| Zip 33304 | Country USA | Zip 33304 | Country USA |

| | |
|--|--|
| 4. State/Country of Formation Nevis | |
| 5. Date Organized or Qualified To Do Business in Florida March 7, 2001 | |
| 6. FEI Number 651079108 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

B. Name and Address of Current Registered Agent

| | | | |
|--|-------------|-------------------|--|
| Name Richard J. Alan Cahan | | | |
| Street Address (P.O. Box Number is Not Acceptable) c/o Becker & Poliakoff, P.A., 121 Alhambra Plaza | | | |
| Suite, Apt. #, Etc. 10th Floor | | | |
| City Coral Gables | State FL | Zip Code 33134 | |

☐ 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.

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

06/29/07

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 |
|--------|-----------------------------------|--|--------------------|
| MGR | Vantage Management, Ltd. | Hunkins Plaza, Charlestown | Nevis, West Indies |
| | | | |
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REINSTATEMENT 2006-2007 700105307427

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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 6/26/2007

Daytime Phone #869-469-1333

Typed or printed name of signing Managing Member/Manager Tracey Williams & Ernest Dover, Vantage Management, Ltd.



CORPORATION SERVICE COMPANY

M01000000506

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ACCOUNT NO. : 072100000032

REFERENCE : 979267 7108498

AUTHORIZATION

COST LIMIT : \$ 205.00

ORDER DATE : July 2, 2007

ORDER TIME : 3:44 PM

ORDER NO. : 979267-005

CUSTOMER NO: 7108498

BK

REINSTATEMENT

NAME: NET MANAGEMENT SERVICES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS _____

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