

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


07 JUL -2 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

CR2E041 (1/07)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M01000000506 06

1. Limited Liability Company's Name

**NET MANAGEMENT SERVICES, LLC**

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

4. State/Country of Formation  
**Nevis**

5. Date Organized or Qualified To Do Business in Florida **March 7, 2001**

6. FEI Number **651079108**  Applied For  Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

**B. Name and Address of Current Registered Agent**

Name  
**Richard J. Alan Cahan**

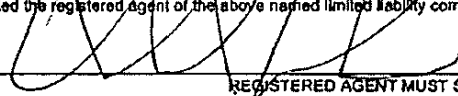
Street Address (P.O. Box Number is Not Acceptable)  
**c/o Becker & Poliakoff, P.A., 121 Alhambra Plaza**

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  Date **06/29/07**

REGISTERED AGENT MUST SIGN

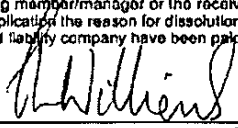
**10. Names and Street Addresses of Managing Members/Managers**

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

**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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

ACCOUNT NO. : 072100000032

REFERENCE : 979267 7108498

AUTHORIZATION

*Lyndee E. Man*

COST LIMIT : \$ 205.00

ORDER DATE : July 2, 2007

ORDER TIME : 3:44 PM

ORDER NO. : 979267-005

CUSTOMER NO: 7108498

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REINSTATEMENT

NAME: NET MANAGEMENT SERVICES, LLC

XX REINSTATEMENT

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS \_\_\_\_\_