


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>05 JUN 29 PM 1:51</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> P01000053922					
<b>1. Limited Liability Company's Name</b> <div style="text-align: center; font-size: 1.2em;">Global Network System Integration, INCORPORATED</div>					
<b>2. Principal Office Address</b> 1520 Bogie Dr. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> 1520 Bogie Dr. <small>Suite, Apt. #, etc.</small>		<b>4. State/Country of Formation</b> Florida / Hillsborough	
<b>City &amp; State</b> Tampa Florida		<b>City &amp; State</b> Tampa Florida		<b>5. Date Organized or Qualified To Do Business in Florida</b> 5/25/2001	
<b>Zip</b> 33612	<b>Country</b> USA	<b>Zip</b> 33612	<b>Country</b> USA	<b>6. FEI Number</b> 59-3721595	<b>Applied For</b> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>					<b>\$5.00 Additional Fee required for a Certificate of Status</b>
<b>8. Name and Address of Current Registered Agent</b>					
Name: Michael Berg					
Street Address (P.O. Box Number is Not Acceptable): 1520 Bogie Dr					
Suite, Apt. #, Etc.					
City: Tampa					
State: FL Zip Code: 33612					
<b>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.</b>					
Signature of Registered Agent: Michael A Berg Date: 6/20/05					
REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>		<b>City / State / Zip</b>	
D	Michael Berg	1520 Bogie Dr		Tampa / FL / 33612	
<b>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.</b>					
Signature of Managing Member/Manager: Michael A Berg Date: 6/20/05 Daytime Phone #: 813-389-0771					
Typed or printed name of signing Managing Member/Manager: Michael A Berg					

CR2E041 (10/02)