

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000088237

Entity Name: CS COMMUNICATIONS, INC.

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

3169 HARVEST MOON DRIVE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

3169 HARVEST MOON DRIVE
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 20-1158253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TIBBITS, PETER D III
3169 HARVEST MOON DRIVE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE: PETER D TIBBITS III

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TIBBITS, PETER D III
Address: 3169 HARVEST MOON DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: QUITERIO, CAROLYNLEE E
Address: 3315 HOOVER DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: VP () Change (X) Addition
Name: TIBBITS, PETER D III
Address: 3169 HARVEST MOON DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: SEC () Change (X) Addition
Name: QUITERIO, ARQUIMEDES
Address: 3315 HOOVER DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: TRES () Change (X) Addition
Name: TIBBITS, PETER D III
Address: 3169 HARVEST MOON DRIVE
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYNLEE E QUITERIO

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date