2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							FILE	OC 2101		
DOCUMENT # P04000145616 1. Entity Name ONE NET SOLUTION, INC.						SECRE TIVISION 06 SE		AM II: 5		
Principal Place of Business 2406 STATE ROAD 60E SUITE 767 VALRICO, FL 33595 US		Mailing Address 2406 STATE ROAD 60E SUITE 767 VALRICO, FL 33595 US						ITH a a nah h ara s hi	ier i (1 8 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08142006	6 REIN-P CR2E098 (11/05)				
City & State		City & State			4. FEI Numbe	r	_	-	plied For t Applicable	
Zip	Country	Zip	Zip Country		5. Certificate	of Status Desired		\$8.75 Addi		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered /	Agent		
ZUNIGA, N 602 GRAN VALRICO,	D CANYON DR.		Street Address (nneth Brown (P.O. Box Number is Not Acceptable) (Gay Lake Dr.				
			City D	rand	10 h		FL	Zip Code	, 510	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algusture required when reinstating) DATE										
fii	LE NOWIII FEE 18 \$300.00					In accordance v	vith s. 607 not receiv	7.193(2)(b), l	F.S., the notice.	
10.	OFFICERS AND		11.	1.46	ADDITIONS/	CHANGES TO OFF	ICERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	P ZUNIGA, MARIO 602 GRAND CANYON DR. VALRICO, FL 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	602	ga, Mario Grand Can 110, FL 3			⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, KENNETH L 814 STRAW LAKE DR. BRANDON, FL 33510	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brow 1814	un, Kenneth Straw Loike ndon, FL	L. Dr		Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VP BARBET, CARLOS A 12617 LONGCREST DR. RIVERVIEW, FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			00080 8/069104	·	·	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ms SEP 1			Addition	
indicated of the co	certify that the information supplied with con this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that mo owered to execute this report a	v sinnati ira shalli.	nava tha	sama laggi ellec	t as it made under i	oain: mar i	ı am an οπicer	or airector	

9/7/2006 813-496-2189
Date Dayone Phone 9