

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED


06 NOV 16 PM 4:03

SECRETARY OF STATE

REINSTATEMENT

06 PSC



DOCUMENT # P05000040041			
1. Entity Name INTELLIGENT NETWORK SALES, INC.			
Principal Place of Business 330 CATALONIA AVENUE CORAL GABLES, FL 33134		Mailing Address 330 CATALONIA AVENUE CORAL GABLES, FL 33134	
2. Principal Place of Business 453 SW 21 Road		3. Mailing Address 453 SW. 21 Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33129	Country USA	Zip 33129	Country USA
4. FEI Number 59-379993		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLASSBERG, DAVID M 330 CATALONIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSBERG, DAVID M 330 CATALONIA AVENUE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600081984936 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/21/06--01036--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/HENRY YANIZ <input type="checkbox"/> Delete 453 SW 21 ROAD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HENRY YANIZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 453 SW. 21 ROAD Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S EDUARDO SAKASOLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1717 N BAYSHORE DR. #1717 Miami, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		11-13-06 786.543.4249	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	