

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000014066

Entity Name: CSN SOLUTION INC.

**FILED**  
**Oct 09, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1196 SW 133 PLC CIRCLE  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

1196 SW 133 PLC CIRCLE  
MIAMI, FL 33184

**New Mailing Address:**

FEI Number: 37-1622070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SONDON, GUILLERMO  
1196 SW 133 PLC CIRCLE  
MIAMI, FL 33184 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: GUILLERMO SONDON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SONDON, GUILLERMO  
Address: 1196 SW 133 PLC CIRCLE  
City-St-Zip: MIAMI, FL 33184

I hereby 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 all other like empowered.

SIGNATURE: GUILLERMO SONDON

OWNE

10/09/2014

Electronic Signature of Signing Officer or Director

Date