PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -9 PM 12:34

DOCUMENT # F99000004261

1. Corporation Name
NEXT TELECOMMUNICATION, INC.

REINSTATEMENT 00

2. Principal Office Address	3. Mailing Office Address
1020 N.W 163RD DR.	1026 N.W 163RD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33169 Country:	Zip: 33169 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 6/25/99

5. FEI Number: 52-2082250 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HALPERN, DAVID

400003427474--2
-10/17/00--01043--006
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 4164 Inverrary Dr. #207

Suite, Apt. #, Etc.:

City: Lauderhill State: FL Zip Code: 33319

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 9/26/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HALPERN, DAVID	4164 INVERRARY DRIVE #207	Lauderhill FL 33319
V	MEIMOUN, ARIK	3000 Island Blvd #2001	Miami, FL 33160
S	GRINMAN, SYLVIN	225 Golden Beach Dr.	Golden Beach, FL 33160

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 9/26/2000 3056200533X2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #