

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 26 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000099039

1. Corporation Name

LEVEL FIVE, INC.

REINSTATEMENT 02

800009415108
12/09/02--01037--009 **750.00

2. Principal Office Address 2320 TAMIAMI TRAIL		3. Mailing Office Address 4462 FRIAR TUCK LANE	
Suite, Apt. #, etc. UNIT 7		Suite, Apt. #, etc. N/A	
City & State PORT-CHARLOTTE, FL		City & State SARASOTA, FL	
Zip 34243	Country USA	Zip 34232	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/18/97	
5. FEI Number 65-0187533	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name DONALD J. HARRELL	
Street Address (P.O. Box Number is Not Acceptable) 1776 RINGLING BLVD.	
Suite, Apt. #, Etc. N/A	
City SARASOTA	State / Zip Code FL 34236

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: Donald J. Harrell Date: 12/20/02
REGISTERED AGENT MUST SIGN

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
DPST	VICTOR SABATTINI	4462 FRIAR TUCK LANE	SARASOTA, FL 34232

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: [Signature] Date: 12/6/02 Daytime Phone #: 941-587-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

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