

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
EQUILIBRIUM CONSULTING INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,500.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F17000004884

1. Corporation Name

LEVEL INC.

alternate name: EQUILIBRIUM CONSULTING INC.

2. Principal Office Address - No P.O. Box #

136 4TH ST N

3. Mailing Office Address

136 4TH ST N

Suite, Apt. #, etc

STE 2103b

Suite, Apt. #, etc

STE 2103b

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

33701

Country

US

Zip

33701

Country

US

CR22981 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/2017

5. FEI Number

38-4005143

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

Northwest Registered Agent LLC

Street Address (P.O. Box Number is Not Acceptable)

7901 4TH ST N

Suite, Apt. #, Etc.

STE 300

City

St. Petersburg

State

FL

Zip Code

33702

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 12/11/2024

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	Beeghly, Graham	7901 4th St N STE 300	St. Petersburg, FL 33702

10. E-mail Address: FLfilings@northwestregisteredagent.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 817.03, F.S.

SIGNATURE:

Graham Beeghly, Director

12/11/2024

509-768-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date DEC 11 2024 Phone #

 2024 DEC 11 PM 1:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED