

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 MAR 13 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # FQU000005530

1. Corporation Name

NEXT GENERATION MARKETING, INC

2. Principal Office Address

1295 NORTHERN BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

City & State

MANHASSET, NY

City & State

Zip

11030

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 1995 **SP**

5. FEI Number

13 3869232

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

GLORIA SANTANELLI

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

1750 MASON TERRACE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32935

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

Gloria J. Santanello  
REGISTERED AGENT MUST SIGN

Date 3-9-00

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
<u>CEO</u>	<u>MARSHALL BERKOWITZ</u>	<u>1456 BREAKWATER TERRACE</u>	<u>HOLLYWOOD, FL 33019</u>
<u>MANAGING DIR</u>	<u>SEYMOUR FEIT</u>	<u>37 WOODLAND ROAD</u>	<u>ROSLYN, NY 11576</u>

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:

Seymour Feit  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/00

Daytime Phone #

516 869 6568