

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -8 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # **L 00000008273**

1. Limited Liability Company's Name

NEXT LEVEL L.C.

2. Principal Office Address

8515 Grinstead Ct.

Suite, Apt. #, etc.

City & State

Orlando, Fl. 32825

Zip

Country

32825

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL.

5. Date Organized or Qualified
To Do Business in Florida

07/13/2000

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Walter J. Sunderlin

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

8515 Grinstead Ct.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32825

000004916160-7
-02/13/02-01068-010
******285.00 ****285.00**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Walter J. Sunderlin

REGISTERED AGENT MUST SIGN

Date **2/4/02**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO, SECY, TREAS.	Walter J. Sunderlin	8515 Grinstead Ct.	Orlando, Fl. 32825
PRES.	Michael E. Vestal	1690 Myrtle Lake Hills Rd	Longwood, Fl. 32750

REINSTATEMENT

01.02.02
des

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Walter J. Sunderlin

Date **2/4/02**

Daytime Phone # **(407) 380-9191 x 214**

Typed or printed name of signing Managing Member/Manager

Walter J. Sunderlin