

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 20 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020401

1. Limited Liability Company's Name

NEXT LEVEL EDUCATIONAL PROGRAMS

2. Principal Office Address

120 JEFFERSON AVE

Suite, Apt. #, etc.

Unit # 12009

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

120 JEFFERSON AVE

Suite, Apt. #, etc.

Unit # 12009

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida

11/27/2001

6. FEI Number

30-0028968

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Andrea Kilpatrick

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

120 JEFFERSON AVE

300033207253

04/26/04 01079 000 **255 00

Suite, Apt. #, Etc.

12009

City

Miami Beach

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date

4/17/04

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
MGLM	Cutari Copeland	12938 SW 26 th Street	Miramar, FL 33027
MGLM	Cutonya Copeland	12938 SW 26 th Street	Miramar, FL 33027
MGLM	Dorothy Delima	17525 SW 33 rd Court	Miramar, FL 33029
MGLM	Andrea Kilpatrick	120 JEFFERSON AVE, #12009	Miami Beach, FL 33139

REINSTATEMENT

03-04
OK

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

Andrea Kilpatrick

Date

4/17/04

Daytime Phone #

305 778-7551

Typed or printed name of signing Managing Member/Manager

Andrea Kilpatrick