

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 DEC 31 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000141500560  
01/20/09--01062--010 \*\*238.75  
CR2E041 (10/08)

**DOCUMENT # L0600049451**

1. Limited Liability Company's Name

Next Generation Products, LLC

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

2385 NW Executive Center

Suite, Apt. #, etc.

100

City & State

Boca Raton, Florida

Zip

33431

Country

USA

3. Mailing Office Address

2385 NW Executive Center

Suite, Apt. #, etc.

100

City & State

Boca Raton, Florida

Zip

33431

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 05/12/2006

6. FEI Number

26-2946415

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

William "Tedd" Howsare

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

2385 NW Executive Drive

Suite, Apt. #, Etc.

100

City

Boca Raton

State

FL

Zip Code

33431

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Digitally signed by Tedd Howsare

DN: cn=Tedd Howsare

Reason: I attest to the accuracy and integrity of this document

Location: Boca Raton, Florida 33432

Date: 2008.11.26 16:52:30 -05'00'

000141500560

01/20/09--01062--011 \*\*38.75

**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
MM	William "Tedd" Howsare	2385 NW Executive Center Drive	Boca Raton, FL 33431

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

Digitally signed by Tedd Howsare

DN: cn=Tedd Howsare

Location: Boca Raton, Florida 33432

Date: 2008.11.26 16:52:30 -05'00'

Daytime Phone # 561.445.7573

Typed or printed name of signing Managing Member/Manager William "Tedd" Howsare