

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000062737

1. Limited Liability Company's Name

Next Level Cleaning
LLC

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

4056 High Pine Road

Suite, Apt. #, etc.

3. Mailing Office Address

4056 High Pine Road

Suite, Apt. #, etc.

City & State

Jacksonville & Florida

City & State

Jacksonville & Florida

Zip

32225

Country

United States

Zip

32225

Country

United States

4. State/Country of Formation

Florida/ United States

5. Date Organized or Qualified

To Do Business in Florida 6/26/2009

6. FEI Number

27-0528548

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

Antanius R. Fields

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

6629 Cavalier Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32208

E-mail Address:

REINSTATEMENT 10-11

nxtivcleaning@gmail.com

(To be used for future annual report notices)

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

Antanius R. Fields

Date 4/13/2011

REGISTERED AGENT MUST SIGN

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
MGR	Antanius R. Fields	6629 Cavalier Road	Jacksonville/FL/32208
MGR	Virgil D. Zubia	4056 High Pine Road	Jacksonville/FL/32225

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager

Antanius R. Fields

Date 4/13/2011

Daytime Phone # 904-386-5185

Typed or printed name of signing Managing Member/Manager Antanius R. Fields