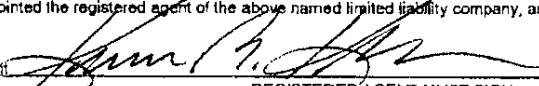
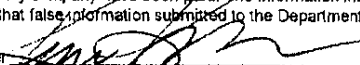


APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 DEC -2 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E041 (1/14)	
DOCUMENT # <u>LC11000016540</u>					
1. Limited Liability Company's Name Nextone - FL, LLC					
2. Principal Office Address - No P.O. Box # 505 S. Orange Avenue		3. Mailing Office Address PO Box 4273		4. State/Country of Formation Florida	
Suite, Apt. #, etc. Unit 901		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida	
City & State Sarasota, Florida		City & State Sarasota, Florida		6. FEI Number ☒ Applied For ☐ Not Applicable	
Zip 34236	Country USA	Zip 34230	Country USA	7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Kevin M. Kilcullen, Esq.					
Street Address (P.O. Box Number is Not Acceptable) 214 Brazilian Ave					
Suite, Apt. #, Etc. Suite 200					
City Palm Beach		State FL	Zip Code 33480	500267042915	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 				Date <u>11/24/2014</u>	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
MGR	Joel Schleicher	505 S. Orange Ave, Unit 901	Sarasota, Florida 34236		
RA	Kevin M. Kilcullen	214 Brazilian Ave, STE 200	Palm Beach FL 33480		
REINSTATEMENT					
<u>2012-</u>			<u>2014</u>		
11. E-mail Address: <u>KKilcullen@SGKLaw.com</u>					
(To be used for future annual report notifications)					
12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager 				Date <u>11/24/2014</u> Daytime Phone # <u>973-535-1900</u>	
Typed or printed name of signing Authorized Representative/Manager <u>Kevin M. Kilcullen</u>					

AA WILLIAMS



CORPORATION SERVICE COMPANY

file first
* do not separate
please *

ACCOUNT NO. : I20000000195

REFERENCE : 397847 7247594

AUTHORIZATION

Spurlockman

COST LIMIT : \$ 1,050.00

ORDER DATE : December 2, 2014

ORDER TIME : 3:40 PM

ORDER NO. : 397847-010

CUSTOMER NO: 7247594

DOMESTIC FILINGS

NAME: NEXTONE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

13 JAN 14 10:00 AM
SUFFOLK COUNTY
CLERK OF SUPERIOR COURT

2014 DEC -2 PM 4:37

RECEIVED
SUFFOLK COUNTY
CLERK OF SUPERIOR COURT