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

DOCUMENT # L11000016540

1. Limited Liability Company's Name
Nextone - FL, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
505 S. Orange Avenue	PO Box 4273
Suite, Apt. #, etc.: Unit 901	Suite, Apt. #, etc.:
City & State: Sarasota, Florida	City & State: Sarasota, Florida
Zip: 34236 Country: USA	Zip: 34230 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: ☑ 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: 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: [signature] Date: 11/24/2014
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
2012- 2014

11. E-mail Address: KKilcullen@SGKlaw.com
(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: [signature] Date: 11/24/2014 Daytime Phone #: 973-535-1900

Typed or printed name of signing Authorized Representative/Manager: Kevin M. Kilcullen

M. WILLIAMS

file first
do not separate please

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 397847 7247594

AUTHORIZATION : [signature]

COST LIMIT : $ 1,050.00

ORDER DATE : December 2, 2014

ORDER TIME : 3:40 PM

ORDER NO. : 397847-010

CUSTOMER NO: 7247594

DOMESTIC FILINGS

2014 DEC -2 PM 4:37

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 _____