M04000000908

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

LIMITED LIABILITY REINSTATEMENT

LEVEL 5, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$516.25

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2008 OCT -1 A 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. HAMPTON
OCT - 2 2008
EXAMINER

September 30, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEVEL 5, LLC
100 HARTSFIELD CENTER,
SUITE 100
ATLANTA, GA 30354

SUBJECT: LEVEL 5, LLC
REF: M04000000908

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is $25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

The document number of the name conflict is L07000094284 (LEVEL 5, LLC).

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H08000225607
Letter Number: 808A00051993

See attached
File 2nd

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # M04000000908

1. Limited Liability Company's Name

LEVEL 5, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2000 Riveredge Parkway	2000 Riveredge Parkway
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Atlanta, GA	City & State Atlanta, GA
Zip 30328 / Country USA	Zip 30328 / Country USA

4. State/Country of Formation: GA

5. Date Organized or Qualified To Do Business in Florida: 03/08/2004

6. FEI Number: 20-0413634 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston / State: FL / Zip Code: 33331

☑ 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 605, F.S.

Signature of Registered Agent _____ Date _____

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	Joseph F. Kassler	2000 Riveredge Pkwy., Ste. 100	Atlanta, GA 30328
	REINSTATEMENT 2006-2008		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: Joseph F. Kassler /jfk/ Date: Sept 29, 2008 Daytime Phone #: (404) 761-0008 ext 323

Typed or printed name of signing Managing Member/Manager: Joseph F. Kassler

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