

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 refile 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 LD7000094284 (LEVEL 5, LLC).

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

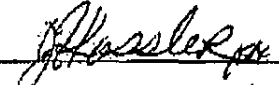
Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: B08000225607
Letter Number: 808A00051993

*See attached
File 2nd*

P.O. BOX 6327 - Tallahassee, Florida 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # M04000000908 1. Limited Liability Company's Name LEVEL 5, LLC																															
2. Principal Office Address - No P.O. Box # 2000 Riveredge Parkway Suite, Apt. #, etc. Suite 100 City & State Atlanta, GA Zip 30328 Country USA		3. Mailing Office Address 2000 Riveredge Parkway Suite, Apt. #, etc. Suite 100 City & State Atlanta, GA Zip 30328 Country USA																													
4. State/Country of Formation GA		5. Date Organized or Qualified To Do Business in Florida 03/08/2004																													
6. FEJ Number 20-0413634		Applied For ☒ Not Applicable																													
7. CERTIFICATE OF STATUS DESIRED ☐		\$3.00 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																															
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S. Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN																															
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Member/Manager</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Joseph F. Kassler</td> <td>2000 Riveredge Pkwy., Ste. 100</td> <td>Atlanta, GA 30328</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Joseph F. Kassler	2000 Riveredge Pkwy., Ste. 100	Atlanta, GA 30328																				
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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 808, 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 808.408, 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  Date Sep 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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TALLAHASSEE, FLORIDA

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