


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|--|-----------------------------------|---|--------------------|
| DOCUMENT # M05000000904 | | | |
| 1. Limited Liability Company's Name NEXTIP LLC | | | |
| 2. Principal Office Address - No P.O. Box # 100 N. Biscayne Blvd. 9th FL | | 3. Mailing Office Address 100 N. Biscayne Blvd. 9th FL | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State MIAMI, FL | | City & State MIAMI, FL | |
| Zip 33132 | Country | Zip 33132 | Country |
| 8. Name and Address of Current Registered Agent | | | |
| Name CORPORATE CREATIONS NETWORK, INC. | | | |
| Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD | | | |
| Suite, Apt. #, Etc. #221E | | | |
| City PALM BEACH GARDENS | | State FL | Zip Code 33410 |
| 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 <i>S. Simons</i> | | Date 11/5/07 | |
| REGISTERED AGENT MUST SIGN by S. Simons, Asst. Secretary | | | |
| 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 | ARIK MEIMOUN | 100 N. BISACAYNE BLVD. | MIAMI FL 33132 |
| REINSTATEMENT 2006-2007 | | | |
| | | | |
| | | | |
| 400112129704 11/08/07--01051--015 **100.00 | | | |
| 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. | | | |
| Signature of Managing Member/Manager <i>Y. Ogurchikova</i> | | Date 11/5/07 | |
| Typed or printed name of signing Managing Member/Manager ARIK MEIMOUN, Manager by Y. Ogurchikova as attorney-in-fact | | Daytime Phone #561-694-8107 | |

FILED

07 NOV -5 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DE State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida
02/18/2005

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

☒ 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.