

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M05000001758**

1. Limited Liability Company's Name

**NEXT LEVEL SOLUTIONS, LLC**  
doing business in Florida as  
**NEXT LEVEL SOLUTIONS - US, LLC**

07

FILED

09 FEB 24 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

13155 SW 134 ST

Suite, Apt. #, etc.

# 107

City & State

MIAMI FL

Zip

33186

Country

USA

3. Mailing Office Address

13155 SW 134 ST

Suite, Apt. #, etc.

# 107

City & State

MIAMI FL

Zip

33186

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 04/04/2005

6. FEI Number

20-0184975

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

MELVIN PACHECO

Street Address (P.O. Box Number is Not Acceptable)

13155 SW 134 ST

Suite, Apt. #, Etc.

# 107

City

MIAMI

State

FL

Zip Code

33186

☒ 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 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/18/09

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
MGRM	MELVIN PACHECO	13155 SW 134 ST - # 107	MIAMI FL 33186
MGR	JIMMY LOPEZ	13155 SW 134 ST - # 107	MIAMI FL 33186
MGR	JUAN CARLOS CONTIN	13155 SW 134 ST - # 107	MIAMI FL 33186
MGR	TEOFILO COTTON	13155 SW 134 ST - # 107	MIAMI FL 33186
REINSTATEMENT 2007-2009			

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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

Date

2/18/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager