2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Aug 26, 2009
Secretary of State

DOCUMENT# N02000004918

Entity Name: SECOND LEVEL, INC.

Current Principal Place of Business:

14 OLD GROVE LANE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

14 OLD GROVE LANE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

2841 GREYSTONE LANE
ATLANTA, GA 30341

FEI Number: 01-0725357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, WAYNE E
14 OLD GROVE LANE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

POHL, MAYUMI
14 OLD GROVE LANE
ALTAMONTE SPRINGS, FL 32701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MAYUMI POHL 08/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, WAYNE E
Address: 14 OLD GROVE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: FUJIWARA, SOICHI
Address: 14 OLD GROVE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: POHL, MAYUMI I
Address: 14 OLD GROVE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: REYNOLDS, MICHAEL
Address: 1820 CEDAR CLIFF DR
City-St-Zip: SMYRNA, GA 30080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYUMI POHL D 08/26/2009
Electronic Signature of Signing Officer or Director Date