

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 27 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO 5000009736

1. Corporation Name

NEXT Level Training Inc.

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

125 middle st

Suite, Apt. #, etc.

109

City & State

Lake Mary, FL

Zip

32746

Country

USA

3. Mailing Office Address

125 middle st

Suite, Apt. #, etc.

109

City & State

Lake Mary, FL

Zip

32746

Country

USA

REINSTATEMENT 06-08
CR2E081 (12/02)

4. Date Incorporated or Qualified
To Do Business in Florida

9/21/2005

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dana Sanders

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

2508 Grassy Point DR

Suite, Apt. #, Etc.

204

City

Lake Mary

State

FL

Zip Code

32746

☒ The 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 reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dana Sanders
REGISTERED AGENT MUST SIGN

Date 4 29 08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Dana Sanders	2508 Grassy Point DR #204	Lake Mary, FL 32746
President	Eugene L. Humble III	3221 San Jacinto CT	Sanford, FL 32771
T	Arthur Rivers	841 E. Charing CT	Lake Mary, FL 32746

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Dana Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/08

Daytime Phone #

407 625 0707

R6/2