

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -2 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058252

1. Corporation Name

Next Level Investments, Inc.

2. Principal Office Address

215 NE 5 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Delray Bch, FL

Zip

33483

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/02

5. FEI Number

20-8106827

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100087191051
02/02/07--01009--007 **180.00
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Vickie Garland

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

215 NE 5 Ave

Suite, Apt. #, Etc.

City

Delray Bch

State

FL

Zip Code

33483

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

Vickie Garland

Date

12/27/06

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|----------------------|
| P | Vickie Garland | 215 NE 5 Ave | Delray Bch, FL 33483 |
| VP | D. Middleton | 215 NE 5 Ave | Delray Bch, FL 33483 |
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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:

Vickie Garland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/06 561-272-9528

Daytime Phone #

2/2

December 29, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document #: P02000058252

To Whom It May Concern:

I am requesting for my business to be reinstated. I have enclosed the Corporation Reinstatement Form and a check in the amount of \$600.00.

I am also requesting that the reinstatement fee be waived as I did not receive the annual report notices in the year of dissolution.

Thanks for your attention in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Vickie Garland".

Vickie Garland
President, Next Level Investments, Inc.