## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

- , FL	EAGE READ I	ALE INSTITUOT	ONS BEFORE		NG THIS FOR	1IVI.	
CORPORATION REINSTATEMEN	DE E1 (2.147.25)	Secretary	TMENT OF STATE y of State corporations		FILE		
DOCUMENT # P03000070035  1. Corporation Name NEXT HOCDINGS, INC.					Unukili AkYE I ALLAHASSEI		
A Douglas Addison	N- DO O#	3 14-111- 041- 1	ling Office Agerons		DEINICTATELERA		
2. Principal Office Address -		3. Mailing Office Adores		REINSTATEMENT 06-0%			
614 WEST DOTY STREET		614 WEST DOIN STREET		4	CR2E081	(1/0 <del>z)</del>	
Suite, <del>Apt. #, etc.</del>		Suite, Apt. #, etc.		4. Data lasse		<u>,,,                                  </u>	
SUITE 108		2011 108		4. Date Incorporated or Qualified To Do Business in Florida 6 -74-03			
City & State+		City & State		5. FEI Numbe		Applied For	
MADISON U	ンエ	MADISON	WI	81-06		Not Applicable	
	ountry	Zip	Country	6.		\$8.75 Additional Fee required	
25403 U	·\$	53703	US	CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status	
7.	Name and Address of	Current Registered Ager	nt				
Name U.C.C. FRING & SEARCH SCRURES, INC.  Street Address (P.O. Box Number is Not Acceptable) 1574 URLAGE SQUARE BOUGGARD				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.			
Suite, Apt. #, Etc							
SUPE 100							
City State Zip Code FL 32039							
8. I, being appointed the registered agent of the above named corporation, em familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent ASST SEC Date 12/28/07							
9. Names and Street Addresses of Each Officer and/or Director (Florida neoprofit corporations must list at least 3 directors)							
Titles Name of Street Address of Eac Officers and/or Directors Officer and/or Directors					City	/ State / Zip	
PSD PHRIP W. JENNERS, SR. GIYURT DOM STREET					MADDOW /	NE. \ 2370].	
CFO PHOLOR W. JENNEULY, Ja, 614 WEST DOTY STREET SUDICION MADERN/ WE / 53703							
				03 <b>/19</b> /	13 - July	1 **150.00	
				7 DI v - 103/19//	0120 <b>74</b> 6 180103501	5577 2 **300 00	
			$\rho$	13/3			
			•				
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 filling 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:  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR  Date  Date  Daytime Phone #							