

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000010876

1. Corporation Name

Level One Technical Services

W070000031139

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

8180 Madison Lakes Circle North

3. Mailing Office Address

8180 Madison Lakes Circle North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Davie, Florida

Zip

33328

Country

United States

Zip

33328

Country

United States

REINSTATEMENT

CR2E081 (1/07)

05-67

4. Date Incorporated or Qualified
To Do Business in Florida

March 29, 2004

5. FEI Number

20-0534099

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

DAVID BRIAN KIRMSE

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

8180 MADISON LAKES CIRCLE NORTH

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

☒ 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

David B. Kirmse

REGISTERED AGENT MUST SIGN

Date June 26, 2007

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
President	David B. Kirmse	8180 Madison Lakes Circle North	Davie, Florida. 33328

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:

David B. Kirmse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 25, 2007

Date

(954)806-1417

Daytime Phone #