

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000120224

Entity Name: NEXTGEN SAVINGS, INC.

FILED  
Dec 23, 2008  
Secretary of State

**Current Principal Place of Business:**

7775 W. GLADES RD., SUITE 200  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

7775 W. GLADES RD., SUITE 200  
BOCA RATON, FL 33434

**New Mailing Address:**

FEI Number: 20-5601789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MERSAND, STEVE  
4570 NW 24TH WAY  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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: JOEL KRAVITZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KRAVITZ, JOEL  
Address: 7775 W. GLADES RD., SUITE 200  
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete  
Name: KRAVITZ, ANDREW  
Address: 7775 W. GLADES RD., SUITE 200  
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete  
Name: MERSAND, RYAN  
Address: 7775 W. GLADES RD., SUITE 200  
City-St-Zip: BOCA RATON, FL 33434

Title: ST ( ) Delete  
Name: MERSAND, STEVE  
Address: 7775 W. GLADES RD., SUITE 200  
City-St-Zip: BOCA RATON, FL 33434

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL KRAVITZ

Electronic Signature of Signing Officer or Director

P

12/23/2008

Date