

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

P16421

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -2 PM 3:45

DOCUMENT # P16421

1. Corporation Name

LEVEL FIVE RESEARCH, INC.

Principal Place of Business

1335 Gateway Dr.
Suite 2005
Melbourne, FL 32901-2637

Mailing Address

31 St. James Avenue
Boston, MA 02116-4101
Attention: Bruce G. Hill

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/87

5. FEI Number

59-2843826

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Steven Vana-Paxhia	31 St. James Avenue	Boston, MA 02116
S/D	Bruce G. Hill	31 St. James Avenue	Boston, MA 02116
V/D	Kirby A. Mansfield	31 St. James Avenue	Boston, MA 02116
V	Karl Seiler	1335 Gateway Drive Suite 2005	Melbourne, FL 32901
V	Ronald Hencin	1335 Gateway Drive Suite 2005	Melbourne, FL 32901

8. Name and Address of Current Registered Agent

United Corporate Services, Inc.
801 Northeast 167th Street
Suite 300
North Miami Beach, FL 33162

9. Name and Address of New Registered Agent

Name
Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Bruce G. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/97
Date

(617) 753-6500

Daytime Phone #

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CR2EQ40 (12/96)