

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 DEC 29 AM 10:38

DOCUMENT # **P94 000 000 783**

1. Corporation Name

**NEXT MANAGEMENT, INC.**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

4. Date Incorporated or Qualified  
To Do Business in Florida**12/29/93**

Suite, Apt. #, etc.

**3850 Bird Road 2nd Floor**

Suite, Apt. #, etc.

City &amp; State

**Miami, FL**

City &amp; State

Zip

**33146**

Country

Zip

Country

5. FEI Number

**65-0457410**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	<b>Lopez, E. DANIEL</b>	<b>3850 Bird Road 2nd Floor</b>	<b>Miami, FL 33146</b>
Treasurer			
V-Pres/ Sec.	<b>Mato, Manuel M.</b>	<b>3850 Bird Road 2nd Floor</b>	<b>Miami, FL 33146</b>

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\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT****78799**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**E. DANIEL Lopez**  
**3850 Bird Road 2nd Floor**  
**Miami, FL**

Name

**E. DANIEL Lopez**

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

**3850 Bird Road**

Suite, Apt. #, Etc.

**2nd Floor**

City

**Miami FL**

State

**FL**

Zip Code

**33146**

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

**12/26/99**11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.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:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Manuel M. Mato 12/26/99 (305) 510-7958**