2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000050805

Entity Name: LEVEL LINE, INC.

FILED Nov 02, 2008 Secretary of State

Elluty Na	ille: LEVELL	IINE, IINC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	BELWOOD C LUCIE, FL 34				
Current N	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
	BELWOOD C LUCIE, FL 3				
FEI Number	: 65-0672744	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent	: Name and Address	Name and Address of New Registered Agent:	
PORT ST.	BELWOOD C LUCIE, FL 3	4986 US	the purpose of changing its registe	red office or registered agent, or both,	
	e of Florida.				
SIGNATUI	RE: THOMAS	S C GIANNINI			
	Electro	nic Signature of Registered	Agent	Date	
		93(2)(b), F.S., the corporation d ng Trust Fund Contribution().	id not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GIANNINI, TO	WOOD CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CUNNEEN, JO	WOOD CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: THOMAS C GIANNINI PRES 11/02/2008