

PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

Oct 19 1999 8:00 am

Secretary of State

DOCUMENT # **P96000085299**

1. Corporation Name

NEW LEVEL INC

Principal Place of Business

3426 NW FEDERAL HIGHWAY
JENSON BEACH FL 34957

Mailing Address

7498 N.W. 49 ST
LAUDERHILL FL 33319
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1996

5. FEI Number

65-0700128

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 3	City / State / Zip 4
P	MOHAJERPOUR, SIMA	7498 NW 49 ST.	LAUDERHILL FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOHAJERPOUR, SIMA
7498 NW 49 STREET
LAUDERHILL FL 33319

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Sima Mohajerpour

REGISTERED AGENT MUST SIGN

Date

10/12/99

11. 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)(l), 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:

Sima Mohajerpour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/99

03/06/99 90132 016 180.00

From: SIMA MOHAJERPOUR (NEW LEVEL INC.)

TO: MR. ANDY

RE: Tel conversation on 10/12/99

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All fees for corporation document were Paid last Feb. or March of 1999, and signature form was mail to the same address on June 1998 and you have not received it.

Please Reinstate said above Corporation (NEW LEVEL INC.)



President