

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000061576

1. Corporation Name

NEXT CONSULTING, INC.

Principal Place of Business

Mailing Address

1900 GLADES RD. STE. 355

1900 GLADES RD. STE. 355

BOCA RATON FL 33431

BOCA RATON FL 33431

312 E. CAMINO REAL

312 E. CAMINO REAL

Boca Raton, FL. 33432

Boca Raton, FL. 33432

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

2. New Principal Office Address, If Applicable

312 E. CAMINO REAL

3. New Mailing Office Address, If Applicable

312 E. CAMINO REAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/1997

5. FEI Number

65-0796829

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COMISKEY, WILLIAM F JR.	1900 GLADES RD. STE. 355 312 E. CAMINO REAL	BOCA RATON FL 33431 BOCA RATON, FL 33432
			700003114107-3 -01/28/00--01031-004 ***908.75 ***908.75
			REINSTATEMENT 99-00   TS

8. Name and Address of Current Registered Agent

MORRALL, MATTHEW E  
2455 EAST SUNRISE BLVD.  
PENTHOUSE WEST  
FORT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

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 607.0505, F.S.

Signature of  
Registered Agent

MATTHEW E MORRALL

REGISTERED AGENT MUST SIGN

Date

1/03/00

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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-20-2000

Daytime Phone #

561-  
391-1145