

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

00 MAR 24 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077912

**1. Corporation Name**

NEXT CENTURY DEVELOPMENT INC.

**2. Principal Office Address**

1001 BRICKELL BAY DR.

Suite, Apt. #, etc.

1508

City & State

MIAMI, FL

Zip

33131

Country

DADE

**3. Mailing Office Address**

1001 BRICKELL BAY DR.

Suite, Apt. #, etc.

1508

City & State

MIAMI, FL

Zip

33131

Country

U.S.A

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

☒ Applied For  
☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ANGEL PIZZUTO

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

1001 BRICKELL BAY DRIVE

Suite, Apt. #, Etc.

1508

City

MIAMI

State

FL

Zip Code

33131

400003226074-3  
-04/27/00-01012-01  
\*\*\*\*900.00 \*\*\*\*900.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/2/2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ANGEL PIZZUTO	1001 BRICKELL BAY DRIVE SUITE 1508	MIAMI, FL 33131

REINSTATEMENT 9900

*[Handwritten signature]*

**10. 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

3/2/2000 (305) 536-0100

Date

Daytime Phone #