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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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**CORPORATION REINSTATEMENT
NIX CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,350.00

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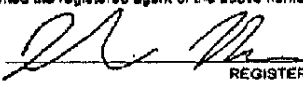
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 323212					
1. Corporation Name NIX CORPORATION					
2. Principal Office Address - No P.O. Box # 468 BIG WOODS RD Suite, Apt. #, etc.			3. Mailing Office Address 3228 Dixie Road Suite, Apt. #, etc.		
City & State COVINGTON, GA			City & State COVINGTON, GA		
Zip 30014	Country USA	Zip 30014	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 11/17/1967	
5. FEI Number 59-1196816				Applied For NOT APPLICABLE	
6. CERTIFICATE OF STATUS DESIRED Please provide				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name C T CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
Suite, Apt. #, Etc.					
City PLANTATION		State FL	Zip Code 33324		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0608 or 617.0603, F.S. Signature of Registered Agent  Date 06/27/2016 REGISTERED AGENT MUST SIGN Jordan Brown					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
President	Dalton Lloyd ("D.L.") Knox		468 Big Woods Rd		Covington, GA 30014
Secretary	Melissa Knox McCarthy		3228 Dixie Rd.		Covington, GA 30014
10. E-mail Address: meljean@gmail.com (To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.					
SIGNATURE: 			7/12/2016 770-823-4459		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Department Phone #		