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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
NIX CORPORATION

Certificate of Status	0
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Estimated Charge	$1,350.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # 323212

1. Corporation Name
NIX CORPORATION

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
468 BIG WOODS RD	3228 Dixie Road
Suite, Apt. #, etc.	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 607.0505 or 617.0503, 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)

Titles	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 — Daytime Phone #