

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000025844

1. Corporation Name

NEWTONIAN SOLUTIONS, INC.

Principal Place of Business

Mailing Address

91 S.W. 13TH AVE.  
BOCA RATON FL 33486

91 S.W. 13TH AVE.  
BOCA RATON FL 33486

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

2. New Principal Office Address, If Applicable

3299 N.W. BOCA RATON BLVD.

Suite, Apt. #, etc.

#101

City & State

Zip

33431

Country

3. New Mailing Office Address, If Applicable

3299 N.W. BOCA RATON BLVD.

Suite, Apt. #, etc.

#101

City & State

Zip

33431

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/14/2000

5. FEI Number

65-0991449

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
PRES	KREH, HENRY S	91 S.W. 13TH AVENUE	BOCA RATON FL 33486
TREA	KREH, HENRY S	91 S.W. 13TH AVENUE	BOCA RATON FL 33486

8. Name and Address of Current Registered Agent

WOLF, ROBERT M P.A.  
880 S.E. 4TH ST., STE. 102  
BOCA RATON FL 33432

9. Name and Address of New Registered Agent 11/05/02 01033-005 78758.75

Name

KREH, HENRY S.

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

91 S.W. 13TH AVE.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33486

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. or 617.0505, F.S.

Signature of  
Registered Agent

*2/7* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

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:

*2/7* SIGNATURE REQUIRED  
H. KREH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/02

Date

(561) 750-1161

Daytime Phone #