PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 17 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000070347

1. Corporation Name
nTier Solutions, Inc.

000036522450
05/17/04--01069--025 **900.00

REINSTATEMENT 03-04

MRS

2. Principal Office Address	3. Mailing Office Address
227 NE 17th St.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State:
Zip: 33444 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business In Florida: 7-2001

5. FEI Number: 65-112 1584 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: (RMS) Royale Management Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2319 N. Andrews Ave

Suite, Apt. #, Etc.:

City: Fort Lauderdale State: FL Zip Code: 33311

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: Melissa Jewell Sec/Treas Date: 5-13-04

REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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 Addresses of Each Officer and/or Director	City / State / Zip
Pres/Dir	Jean Wyatt-Filer	227 NE 17th St.	Delray Beach, FL

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: Jean Wyatt-Filer 13 May 04 561-330-8582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #