## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

## P02000048799 DOCUMENT #

1. Corporation Name

| 1. Corporation Name   |  |                             |   |                 |   | SECHETARY OF STATE   |                        |                             |   |
|---|--|-----------------------------|---|-----------------|---|--|------------------------|-----------------------------|---|
| NITHIN INC.   |  |                             |   |                 |   | RFINS  | ALLAHASSEE SI          | FNT                         | 03  |
|   |  |                             |   |                 |   | 2 FF 18 8 @  | h B R./. 38            |                             |   |
| Principal Place of Business Mailing Address   |  |                             |   |                 |   |  |                        | 48(1) 5)551 191             |   |
| 4472-CHADY POINT PLAN<br>CHANTILLY VA-20151<br>21299 US<br>LAKE WALES   | 4472. SHADY POINT PLACE<br>CHANTILLY VA 20151<br>21299 US HWY 27 N<br>LAKE WALES, FL 33859 |                             |   |                 | 200024481482<br>11/06/0301046012 **158.75 |  |                        |                             |   |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address; If Applicable 3. New Mailing Office Address, If Applicable 3. |  |                             |   |                 |   |  |                        | 117 米米                      | 158.75  |
| 21299 US  | 21299 US HWY 27N   |                             |   | 4. Date Incorpo | orated or Qualified<br>ness in Florida    | 05/03/   | เวกกว                  |                             |   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |                             |   | 5. FEI Number   |   | 00/00/   | <del>-</del>           |                             |   |
| City & State<br>LAKE-WA   | City & State  LAKE WALES , FL  |                             |   | FL              | 38-3                                      | 280873   |                        | Applied For  Not Applicable |   |
| 33859 Cauntry USA   |  | <sup>Zip</sup> 33859 Countr |   |                 | us A                                      | CERTIFICATE OF STATUS DESIRED Status Desired for a Certificate of Status |                        |                             | dditional Fee required<br>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) 2   | Name of Officers   |                             | Street Address of Each<br>Officer and/or Director |                 |   |  |                        | City / State /              |   |
| President   | SANKAR B   | ALA                         | 185   | Long            | gview D                                   |  | Celebrati              | ion, FI                     | 134747  |
| BALA, SANKAR<br>21299, LIS HIGHW<br>LAKE WALES FL   | ne and Address of Current F<br>/AY <u>27</u><br>33659                                      | legistered Age              | nt  | - 5             |   | NKAR<br>2.0. Box Number<br>Long VIE                                      |                        |                             | p Code<br>34747                                 |
| 10. I, being appointed th   | ne registered agent of the abov  | e named corpo               | ration, am fa                                     | amiliar with a  | and accept the ob                         | oligations of Secti  | on 607.0505, F.S. or 6 | 617.0505, F.                | S.  |

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 filling 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

FILED

03 NOV -6 AM 9: 27



21299 US Hwy 27N Lake Wales, FL 33859 Ph: 863-679-7104

October 22, 2003

Florida Department of State Division of Corporations P.O Box 6327 Tallahassee, FL 32314.

Ref: EIN: 38-3280873, Document #: P02000048799

Dear Sir/Madam

This letter is in continuation to the conversation I had regarding the re-instatement of our corporation with officer, Ms. Katrina, over the telephone.

Our company, NITHIN Inc., is presently a foreign corporation registered to do business in Florida. This year we had moved our offices to Lake Wales, Florida, from Virginia. Our CPA in Virginia had done the initial paper work last year, but subsequently we never received any correspondence, regarding the procedure to renew annually. Our former CPA based in Virginia had sold his business and we could not get any help. To make things worse, I was on travel outside the country and am the sole officer of my corporation.

I was surprised to receive a notice of dissolution of corporation. I explained the situation to Ms. Katrina and she had asked me to put the same in writing and mail a check for \$150/- immediately.

At present, we have Bunting, Tripp and Ingley, a reputed CPA firm in Lake Wales to handle our corporate accounts in future. I have requested them to file paper work to make the corporation as early as possible.

I thank your department for waiving the penalty.

Thanking You,

Yours Truly

President