

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000157331 1. Entity Name NITHIN OF FLORIDA, INC.						FILED 04 OCT 29 AM 11:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 21299 US HIGHWAY 27 N LAKE WALES, FL 33853				Mailing Address PO BOX 093 21299 US Hwy 27 LAKE WALES, FL 33859-0893			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-0856390				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BALA, SANKAR 21299 US HIGHWAY 27 N LAKE WALES, FL 33853				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 10/26/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SANKAR, BALA 21299 US HIGHWAY 27 N LAKE WALES, FL 33853 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANKAR, BALA 21299 US HIGHWAY 27 N LAKE WALES, FL 33853 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:				(863) 521-8100			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> 10/26/04 <small>Daytime Phone #</small>			