

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 10 AM 9:42

DOCUMENT # P04000130258

1. Corporation Name

NIXSOL INC.

400162701554
11/10/09--01033--007 ***750.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

216 N WASHINGTON AVE

3. Mailing Office Address

216 N WASHINGTON AVE

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

DUNELLEN, NJ

City & State

DUNELLEN, NJ

Zip

08812

Country

USA

Zip

08812

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/2004

5. FEI Number
20-1659626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

W. Bradley Munroe, Esquire

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

239 E. Virginia Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

W. Bradley Munroe
REGISTERED AGENT MUST SIGN

Date 11/3/09

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
PRES.	PRAVEEN KARI	215 RUSHMORE AVE	PLAINFIELD, NJ 07063

REINSTATEMENT 05-05

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 contained in Chapter 119, 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:

Praveen Kari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/09

Date

732-762-3996

Daytime Phone #