

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL 12 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036690

1. Corporation Name

Nintel Corporation

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

730 S. Sterling Ave

Suite, Apt. #, etc.

305

City & State

Tampa, Florida

Zip

33609

Country

USA

3. Mailing Office Address

405 S. Dale Mabry Hwy

Suite, Apt. #, etc.

145

City & State

Tampa, Florida

Zip

33609

Country

USA

REINSTATEMENT 06-11

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida **1995**

5. FEI Number

59-3309414

☐ 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

TK Registered Agent, Inc

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

101 E. Kennedy Blvd.

Suite, Apt. #, Etc.

2700

City

Tampa

State

FL

Zip Code

33602

800209888718
07/12/11--01011--010 **1500.00

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

TK Registered Agent, Inc by Ron B. Weinke

REGISTERED AGENT MUST SIGN

Date **6/8/2011**

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	Vick Tipnes	730 S. Sterling Ave. Suite 305	Tampa / Florida / 33609

10. E-mail Address: **vicktipnes@gmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/2011

8136008853

Date

Daytime Phone #

7/13aw