

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -1 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073237

1. Corporation Name

NIXOR CORP.

2. Principal Office Address

1440 CORAL RIDGE DR.

Suite, Apt. #, etc.

#300

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

3. Mailing Office Address

1440 CORAL RIDGE DR.

Suite, Apt. #, etc.

#300

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/1997

5. FEI Number

650784136

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

SAUL PENNINI

600038550578

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

1440 CORAL RIDGE DR.

Suite, Apt. #, Etc.

300

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

REGISTERED AGENT MUST SIGN

Date 6/5/2004

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
P	SAUL PENNINI	1440 CORAL RIDGE DR #300	CORAL SPRINGS, FL 33071
V	MIGUEL SUAREZ	1440 CORAL RIDGE DR. #300	CORAL SPRINGS, FL 33071
T	GUSTAVO QUIRICI	1440 CORAL RIDGE DR. #300	CORAL SPRINGS, FL 33071

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:

NIXOR CORP
SAUL PENNINI
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/5/2004 (954) 494-8500

Daytime Phone #

ATTACH TO REINSTATEMENT
FORM

2012



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

June 5, 2004

To Whom It May Concern:

We have noticed while on the website www.sunbiz.org, that our company, Nixor Corporation has been dissolved in September of 2003.

Our corporation was established in 1997, and since then we have had no intention of dissolution.

We did move our offices twice, since we started our corporation:

First mailing address:

3363 W. Commercial Blvd.

Fort Lauderdale, FL 33309

Second mailing address:

3323 W. Commercial Blvd.

Fort Lauderdale, FL 33309

Third Mailing address:

1140 Coral Ridge Drive Suite 300

Coral Springs, FL 33071.

We believe that because of our address change, we did not receive the annual report form, and that is why our company was dissolved.

We wish to reinstate, but we understand that as it was not our intention to dissolve the company, we should only pay a \$150 fee to reinstate.

If you should have any questions, please do not hesitate to contact our Admin Assistant, Milva Gilluly, at 954-494-8500.

Regards,

A handwritten signature in black ink, appearing to read "Saul Pennini". The signature is written over a large, hand-drawn oval shape.

Saul Pennini
President