

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 5:54

DOCUMENT # P99000050152

1. Corporation Name

NINTECH, INC.

Principal Place of Business

16797 HEMMINGWAY DR.
WESTON FL 33326

Mailing Address

16797 HEMMINGWAY DR.
WESTON FL 33326



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

NinTech, Inc
Suite, Apt. #, etc.
4801 S. University Drive #2200
City & State
DAVIE, FL

3. New Mailing Office Address, If Applicable

NinTech, Inc
Suite, Apt. #, etc.
4801 S. University Dr #2200
City & State
DAVIE, FL

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1999

5. FEI Number

65-0927196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DESENA, FRANK J	16797 HEMMINGWAY DR.	WESTON FL 33326
P	DeSena, Frank J	16797 Hemingway DR	WESTON FL 33326

400004653354-9
-10/25/01-01059-008
****158.75 ****158.75

8. Name and Address of Current Registered Agent

LOLUS, BRADLEY E P.A.
4992 N. PINE ISLAND RD. *← N/A*
LAUDERHILL FL 33351

9. Name and Address of New Registered Agent

Name FRANK DESENA
Street Address (P.O. Box Number is Not Acceptable)
4801 S. UNIVERSITY DR. #2200 *REDACTED*
Suite, Apt. #, Etc.
City DAVIE State FL Zip Code 33328

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/12/01

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/01 (954) 434-8252

Date

Daytime Phone #

To Whom it may concern:

I just received this Reinstatement notice in the mail. I originally had an attorney handle all legal aspects of my company and trusted him to take care of keeping me current with all of the legalities involved in running a corporation. He, without informing me, abandoned my paperwork and I did not know I had to file my business reports in order to stay current. This is the first I am hearing that my corporation has been dissolved. I currently have more than 10 employees working here and cannot close down. I know I am responsible for this and feel terrible for being ignorant in this situation. I will file all necessary paperwork for this corporation with a new attorney from now on.

Can you please waive the reinstatement fee and make my corporation active again? I have enclosed a check for \$158.75 like I was told by one of the helpful agents I spoke to when I called the Dept. of State for instructions on how to handle this matter. I will make sure all procedures are followed from now on.

Thank you for taking the time to read this.

Sincerely,

Frank DeSena
President
Nintech, Inc.
4801 S. University Drive
Suite 2200
Davie, FL 33328