

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000050152

1. Corporation Name

NINTECH, INC.

Principal Place of Business

4801 S. UNIVERSITY DR
#2200
DAVIE FL 33328

Mailing Address

4801 S. UNIVERSITY DR
#2200
DAVIE FL 33328

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

P

DESENA, FRANK J

16797 HEMINGWAY DR

WESTON FL 33326

300008979493

11/14/02--01010--026 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DESENA, FRANK
4801 S. UNIVERSITY DR
#2200
DAVIE FL 33328

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/02 954-434-8550

CR2E040 (9/02)

20f2

Nintech Inc.
4801 South University Drive
Suite 2200
Davie, FL 33328

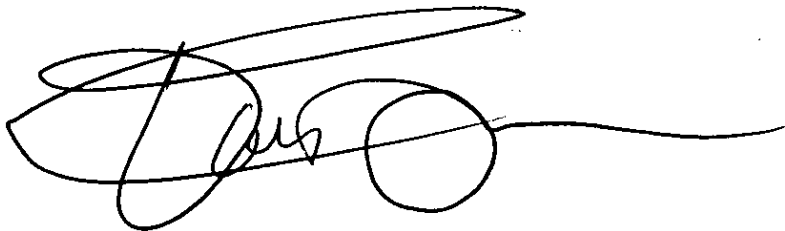
Department of State Representative:

We had some US Mail problems in our Building in the past and did not receive the (2) Uniform Business Report Notices sent prior to the revocation notice I just received. Please Understand that had I received them, I would have followed the proper method to prevent dissolution or revocation.

Enclosed is a check for \$158.75. This includes the reinstatement fee plus the fee for a Certificate of status.

Please accept our apology and our promise to not let this happen again. Please waive the reinstatement fee for our company.

Thank you for your time,

A handwritten signature in black ink, appearing to read 'Frank DeSena', with a long horizontal flourish extending to the right.

Frank DeSena
Nintech, Inc.
954-434-8252
fdesena@nintech.net