

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -2 PM 4:48

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 517960

1. Corporation Name

The Nixon Group, Inc.

2. Principal Office Address

4500 BISCAYNE Blvd

Suite, Apt. #, etc.

Penthouse

City & State

MIAMI, FL

Zip

33137-3227

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

800025425148
12/11/03--01050--012 **750.00

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/7/90

5. FEI Number

54-1570575

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres

Date 12/2/03

REGISTERED AGENT MUST SIGN

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
DST	Nixon, David P.	2200 CLarendon Blvd, #1100	Arlington, VA 22201
CEO	Nixon, David P.	2200 CLarendon Blvd, #1100	Arlington, VA 22201
V	Anderson, Robert	2200 CLarendon Blvd, #1100	Arlington, VA 22201
V	Shardlow, Chris	4500 BISCAYNE Blvd, PH	Miami, FL 33137
V	Mozloom, Lisa	4500 BISCAYNE Blvd, PH	Miami, FL 33137

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/03 703/741-7535

Date

Daytime Phone #

CR2E081 (10/02)

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11/24/03 703/741-7535

Date

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CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 342094 7216220

AUTHORIZATION : [REDACTED]

COST LIMIT : \$ PPD

ORDER DATE : December 2, 2003

ORDER TIME : 2:21 PM

ORDER NO. : 342094-005

CUSTOMER NO: 7216220

CUSTOMER: Dawn Moreira
Golin/harris International,
4500 Biscayne Boulevard
Penthouse
Miami, FL 33137

ANNUAL REPORT FILING

NAME: THE NIXON GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#1140

EXAMINER'S INITIALS: _____

RECEIVED
03 DEC -2 PM 4:49
DIVISION OF CORPORATION