Audit# H02000231005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P01000053940

1. Corporation Name
NEW GEN TECHNOLOGIES INC

2. Principal Office Address	3. Mailing Office Address
8699 PLUTO TERRACE	8699 PLUTO TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE PARK, FL	City & State: LAKE PARK, FL
Zip: 33403 Country: USA	Zip: 33403 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/31/2001

5. FEI Number: 412008484 ☐ 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: SURESH GALI

Street Address (P.O. Box Number is Not Acceptable): 8699 PLUTO TERRACE

Suite, Apt. #, Etc.:

City: LAKE PARK State: FL Zip Code: 33403

8. I, being appointed the registered agent of the above named corporation, acknowledge familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: S Gali/Suresh Date: 11/26/02
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	SURESH GALI	8699 PLUTO TERRACE	LAKE PARK, FL 33403
D	PALLAVI GALI	8699 PLUTO TERRACE	LAKE PARK, FL 33403
D	BHUJANGA RAO GALI	8699 PLUTO TERRACE	LAKE PARK, FL 33403

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: S Gali/Suresh Pres./Dir. SURESH GALI 11/26/02 518-209-5471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

NEW GEN TECHNOLOGIES INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$758.75