

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 2

**CORPORATION
REINSTATEMENT**



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

02 FEB -6 PM 4:36

DOCUMENT # P00000040824

1. Corporation Name

NNI, INC.

2. Principal Office Address

Suite, Apt. #, etc.

667 NW 118th ST.

City & State

MIAMI, FL

Zip

33168

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

667 NW 118th ST

City & State

MIAMI, FL

Zip

33168

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2000

5. FEI Number

65-1014100

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

DEEPAK GANJU

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

10400 NE 5th AVE

Suite, Apt. #, Etc.

City

MIAMI SHORES

State

FL

Zip Code

33138

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 01/21/02

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
PRESIDENT	DEEPAK GANJU	10400 NE 5 th AVE	MIAMI, FL 33138
VICE PRESIDENT	CHANDER GANJU	10400 NE 5 th AVE	MIAMI, FL 33138

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:

DEEPAK GANJU

01/21/02

305-756-1102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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20F2

January 21, 2002

Division of corporations
Annual Report/ Reinstatement Section
Florida department Of State
Tallahassee, FL 32314

Non Receipt Of Notifications

Dear Sir,

Please note that we did not receive the previous Notifications sent from your office. We have had several mail as well as UPS deliveries going to 10400 Ne 4th Ave instead of 10400 NE 5th Ave. As such we never received the Uniform Business Report forms for Filing.

We would therefore very kindly request you to waive fee for late submission.

Thanking you,

Deepak Ganju
Tel: 305-756-1102