

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 OCT 21 AM 9:11

DOCUMENT # P00000105159

1. Corporation Name

NANDKI Investment Group, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

9703 N.W. 42 CT

Suite, Apt. #, etc.

Sunrise FL

City & State

Sunrise FL

Zip

33351

Country

USA

3. Mailing Office Address

9703 N.W. 42 CT

Suite, Apt. #, etc.

Sunrise FL

City & State

Sunrise FL

Zip

33351

Country

USA

W02-28749

4. Date Incorporated or Qualified  
To Do Business in Florida

11-8-2000

5. FEI Number

65-1110172

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

Pradeep ARMogan

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

9703 N.W. 42 CT

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

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\*\*\*\*300.00 \*\*\*\*300.00

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

Pradeep ARMogan

REGISTERED AGENT MUST SIGN

Date 10/2/02

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
Pres	Pradeep ARMogan	9703 N.W. 42 CT	Sunrise FL 33351

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:

Pradeep ARMogan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/02 (954) 980-8796

Date

Daytime Phone #

CR2E081 (9/01)

71 10/23/02

Pradeep ARMogan  
NANDEI INVESTMENT GROUP, INC  
9783 N.W. 42<sup>nd</sup> CT  
SURRISE FL 33351

DEPT. OF STATE  
DIVISION OF CORPORATIONS

Dear Sir or Madam,

TO WHOM IT MAY CONCERN, I Pradeep ARMogan  
DID NOT RECEIVED A REINSTATEMENT ANNUAL  
REPORT. PLEASE, I ASKED YOU TO WEIVE MY  
LATE FEES. I WOULD LIKE TO HAVE MY  
CORPORATION REINSTATE. PLEASE ACCEPT MY  
REINSTATEMENT FORM. I ENCLOSE A CHECK  
~~FOR~~ FOR THREE HUNDRED DOLLARS, I WAS TOLD  
FROM THE HELP LINE OF DIVISION OF CORP.

Sincerely,  
