

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 AUG 29 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000054193**

1. Corporation Name

NANDINI ENTERPRISES INC

2. Principal Office Address

2568 FIRST ST

Suite, Apt. #, etc.

City & State

FT. MYERS FL

Zip

33901

Country

USA

3. Mailing Office Address

2419 EAST MALL DR

Suite, Apt. #, etc.

City & State

FT. MYERS FL

Zip

33901

Country

USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/24/01

5. FEI Number

65-1112963

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

SHANTAL PATEL

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

2568 FIRST STREET

Suite, Apt. #, Etc.

City

FT. MYERS

State

FL

Zip Code

33901

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

X [Signature]

Date

6-4-03

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
P	SHANTAL PATEL	2568 FIRST ST	FT. MYERS FL 33901

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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-03

Date

Daytime Phone #

CR2E081 (9/01)

Enclosed is our application for re-instatement and a check for \$300.00. A month after we incorporated we purchased a business and moved. When the renewal forms were sent our forwarding of mail had expired. We recently became aware of the default. We would request that the reinstatement penalties be waived.

Yours truly,

Nandini Enterprises Inc