

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 28 AM 8:00

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000061969

1. Corporation Name

KNIGHTS BRIDGE, INC

400024604634  
11/12/03--01014--029 \*\*150.00

2. Principal Office Address

1824 HARBOR VIEW CIRCLE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

Zip

33327

Country

BROWARD

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

6/20/2001

5. FEI Number

65-1121343

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

MARK HOLLANDER

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

11410 N. KENDALL DR. # 207

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

Mark Hollander

REGISTERED AGENT MUST SIGN

Date 10-21-03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City/State/Zip   |
|--------|--------------------------------------|---|------------------|
| P      | NIRMAL VASWANI                       | 1824 HARBOR VIEW CIRCLE                           | WESTON, FL 33326 |
| S      | ROBIN VASWANI                        | 1824 HARBOR VIEW CIRCLE                           | WESTON, FL 33326 |
|        |                                      |   |                  |
|        |                                      |   |                  |
|        |                                      |   |                  |
|        |                                      |   |                  |

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:

Mark Hollander

FOR NIRMAL VASWANI

10/21/03 35-275-557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

POA

CR2001 (10/02)

**HOLLANDER & ASSOCIATES**

**Accountants & Consultants**

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**11410 North Kendall Drive, Suite 207  
Miami, Florida 33176  
Tel (305) 275-2557  
Fax (305) 275-2588**

October 21, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Ref: Knightsbridge, Inc.

To Whom It May Concern:

This letter is in reference to the above. WE contacted the Division of Corporations last week to inform you that the above did not receive the annual <sup>2003</sup> report. Enclosed please find the annual report we downloaded from WWW.Sunbiz.org, along with the filing fee disclosed of \$ 150.00. The corporate address was changed last year, and a letter was sent to the state to inform them of this change.

Should you have any questions, please feel free to contact me at your convenience.

Very truly yours,

  
Mark J. Hollander