

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000024009

1. Corporation Name

NIDY'S GROCERY, INC.

Principal Place of Business

Mailing Address

2120 GARDEN STREET
TITUSVILLE FL 32796

2120 GARDEN STREET
TITUSVILLE FL 32796



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT - 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/27/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AMIN, PRAVIN M	4566 HELENA DRIVE	TITUSVILLE FL 32780
D	AMIN, URMILA P	4566 HELENA DRIVE	TITUSVILLE FL 32780
D	AMIN, POOJA H	4566 HELENA DRIVE	TITUSVILLE FL 32780
D	AMIN, HEMANSU P	4566 HELENA DRIVE	TITUSVILLE FL 32780
700023906677 10/17/03 01054 016 **600.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMIN, PRAVIN M
2120 GARDEN STREET
TITUSVILLE FL 32796

Name

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

Suite, Apt. #, Etc.

City

400024377014
11/03/03--01045--007 **150.00

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

pu amin
REGISTERED AGENT MUST SIGN

Date

10/14/03

11. 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:

pu amin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

CR2E040 (7/03)