

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 2120 GARDEN STREET TITUSVILLE FL 32796	Mailing Address 2120 GARDEN STREET TITUSVILLE FL 32796
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REINSTATEMENT - 03

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

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	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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.	400024377014
	City	11/03/03--01045--007 **150.00
	State	Zip Code
	FL	

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 *[Signature]* Date *10/14/03*
REGISTERED AGENT MUST SIGN

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: *[Signature]* **SPRAVIN M AMIN** Date *10/14/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)