

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



**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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/27/2002	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
				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

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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	
		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]* **PRAVIN M. AMIN** Date *10/14/03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)