

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA0000133885

1. Corporation Name

Indus Group Inc.

2. Principal Office Address - No P.O. Box #

15 Warren St. Suite 31

3. Mailing Office Address

15 Warren St.

Suite, Apt. #, etc.

31

Suite, Apt. #, etc.

31

City & State

Hackensack, NJ

City & State

Hackensack

Zip

07601

Country

USA

Zip

07601

Country

USA

800332507899

07/26/19--01025--008 **\$450.00

800332507899

07/26/19--01025--007 **\$750.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/2006

5. FET Number

205754043

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

Amith Gautha

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

4242 Highwood Dr

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

FILED
JUL 15 PM 12:09
CLERK OF STATE
DIVISION OF CORPORATIONS

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

C. Amith Rdy

Date

06/12/2019

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
<u>President</u>	<u>Amith Gautha</u>	<u>15 Warren Street, # 31</u>	<u>Hackensack, NJ 07601</u>

10. E-mail Address: hrg@indus-grp.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

C. Amith Rdy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/12/2019

201 546 1230

Date

Daytime Phone