


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000059690 1. Entity Name NK VILLAGE INC.	
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FILED

09 JUN -2 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4540 ROWAN ROAD NEW PORT RICHEY, FL 34667	Mailing Address 4540 ROWAN ROAD NEW PORT RICHEY, FL 34667
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REINSTATEMENT

05/11/2009 REIN-P GR2E098 P107-09

2. Principal Place of Business - No P.O. Box # 8549 OLD COUNTY RD 54	3. Mailing Address 8549 OLD COUNTY RD 54
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City & State NEWPORT RICHEY FL	City & State NEWPORT RICHEY FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 26-0190444	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent EVEREST CONSULTING GROUP LLC 2901 W. BUSCH BLVD. SUITE 1024 TAMPA, FL 33618	7. Name and Address of New Registered Agent Name DONALD C RICHBOURBY Street Address (P.O. Box Number is Not Acceptable) 8695 COLLEGE PKWY SUITE 1328 City FORT MYERS FL Zip Code 33919
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald C Richbourby* DATE 5/15/2009

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MODI, SHRENK D	NAME					
STREET ADDRESS	4540 ROWAN ROAD	STREET ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY, FL 34667	CITY-ST-ZIP					
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MODI, DINOSHCHANDRA K	NAME	70015667937 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	12930 BIG SUR DRIVE	STREET ADDRESS	06/02/09--01030--012 **300.00				
CITY-ST-ZIP	TAMPA, FL 33625	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

x *Donald C Richbourby* 5/15/2009

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