

P190000068332

FILED
2024 MAY 21 AM 10:21
SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P19000068332			
1. Corporation Name GANGES GROUP INC <i>Reinstatement 2022-24</i>			
2. Principal Office Address - No P.O. Box # 10270 NW 74th TER Suite, Apt. #, etc.		3. Mailing Office Address 10270 NW 74th TER Suite, Apt. #, etc.	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33178	Country US	Zip 33178	Country US
4. Date Incorporated or Qualified To Do Business in Florida 08/26/2019		5. FEI Number 84-2843034	
6. CERTIFICATE OF STATUS DESIRED ☐		7. Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name ABBY R. GANGES Street Address (P.O. Box Number is Not Acceptable) 10270 NW 74th TER Suite, Apt. #, Etc. City DORAL			
State FL		Zip Code 33178	
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  Date 5/21/24 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title P	Name of Officers and/or Directors ABBY R. GANGES	Street Address of Each Officer and/or Director 10270 NW 74th TER	City / State / Zip DORAL, FL 33178
10. 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 taxes 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 contained in Chapter 119, 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: 		ABBY R. GANGES - P	

CRZE061 (1/07)

FILED

AJR
5-22-24



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Miami, FL 33175
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Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Ganges Group Inc (P19000068332)
(CORPORATE NAME) (DOCUMENT #)
2. _____
(CORPORATE NAME) (DOCUMENT #)
3. _____
(CORPORATE NAME) (DOCUMENT #)

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2024 MAY 21 PM 3:14
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TALLAHASSEE, FLORIDA

☐ Walk-In



Pick up time: _____

☐ Certified Copy

☐ Certificate of Status

New Filings	
☐	Profit
☐	Non-Profit
☐	Limited Liability
☐	Other:

Amendments	
☐	Amendments
☐	Resignation
☐	Dissolution/Withdrawal
☐	Other:

Other Filings	
☐	Annual Report
☐	Fictitious Name
☐	Apostille:
☒	Other: Reinstatement

Examiners Initials

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