

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR **96**  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 NOV -6 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000044995**

1. Corporation Name  
**NNN GROUP, INC.**

Principal Place of Business  
**4080 NORTHWEST 183 STREET  
MIAMI FL 33055**

Mailing Address  
**4080 NORTHWEST 183 STREET  
MIAMI FL 33055**

**REINSTATEMENT** 1996 mwb 11-7-96

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 <b>08/18/1994</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0406306</b>	
City & State		City & State		Applied For <input type="checkbox"/>	
Zip		Zip		Not Applicable <input type="checkbox"/>	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<b>P</b>	<b>RATTANI, NADIRSHAH N</b>	<b>4080 NORTHWEST 183 STREET</b>	<b>MIAMI FL 33055</b>

800002001008--0  
11/08/96 01106 623  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>LAW FIRM OF LAWRENCE &amp; SPIEGEL-CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33104</b>		Name <b>Nadirshah N. Rattani</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>4680 N.W. 183 ST</b>	
		Suite, Apt. #, Etc. <b>MIAMI</b>	
		City <b>MIAMI</b>	
		State <b>FL</b> Zip Code <b>33055</b>	

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.

Signature of Registered Agent **Nadirshah N. Rattani** **SIGNATURE REQUIRED** Date **9-24-96**

REGISTERED AGENT MUST SIGN

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes: Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 REQUIRED** **10-23-96** **303-625-0099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #