

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000044995

1. Corporation Name

NNN GROUP, INC.

Principal Place of Business

Mailing Address

4680 NORTHWEST 183 STREET
MIAMI FL 33055

4680 NORTHWEST 183 STREET
MIAMI FL 33055

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1994

5. FEI Number

65-0498398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JINNAH, ISHTIAQ A	4680 NW 183RD ST	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RATTANI, NADIRSHAH N
4680 NW 183 ST
MIAMI FL 33055

Name

AMIRALI JIVRAJ

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

4680 NW 183 rd St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33055

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16th Nov 98

Date

Daytime Phone #

APPROVED
AND
FILED

98 NOV 19 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

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-11/24/98--01095--041
****750.00 ****750.00

SA 11/20

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