

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



APPROVED
AND
FILED

DOCUMENT # 950000061770

1. Corporation Name

98 JUN 17 PM 1:49

Southern Group International, Inc.

Principal Place of Business

Mailing Address

835 Bentwater Circle 230 Park Avenue

201

#645

Naples, FL 34108

New York, NY 10169

If above addresses are incorrect in any way, line through (correct 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

8/10/95

5. FE Number

65-0601272

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
President/Director	Amit Rametra	90 Adams Avenue	Hauppauge, NY, 11788
Secretary/Treasurer/Director	Seema Wasil	90 Adams Avenue	Hauppauge, NY, 11788
Director	Rahul Rametra	90 Adams Avenue	Hauppauge, NY, 11788
Director	Surinder Rametra	90 Adams Avenue	Hauppauge, NY, 11788

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name World Wide Corporate Services, Inc.
Street Address (If P.O. Box Number is Not Applicable) One Financial Plaza
Suite, Apt. #, Etc. # 2626
City Ft. Lauderdale State FL Zip Code 33394

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

By: [Signature]

REGISTERED AGENT MUST SIGN

PREP

Date 6/12/98

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)(ii), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/98 (516) 231-2000

Date

Daytime Phone

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****900.00 ****900.00