

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 12 AM 8:00

DOCUMENT # 97000076638

1. Corporation Name

NDK Management Corporation

100039536671  
07/26/04--01068--027 \*\*1208.75

**REINSTATEMENT** 01-04

MARS

2. Principal Office Address

154 San Marco Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

Zip

32084

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/4/97

5. FEI Number

59-3466683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

REZWAN ASHDJI

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

154 San Marco Ave

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

R Ashdji

Date

6/30/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>President</u>	<u>ROMMELLE SUCH</u>	<u>154 San Marco Ave</u>	<u>St. Augustine FL 32084</u>
<u>Vice President</u>	<u>REZWAN ASHDJI</u>	<u>154 San Marco Ave</u>	<u>St. Augustine FL 32084</u>

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 name satisfies the requirements of section 807.0401 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)(f), 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:

R Ashdji

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04

Date

Daytime Phone #

CR2E081 (01/04)