

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 PM 12:43

DOCUMENT # P99000005271

1. Corporation Name

N & E Group, Inc.

900004701089--8
-12/03/01--01003--010
****900.00 ****900.00

2. Principal Office Address

334 E. State Road 200

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32034

Country

Nassau

3. Mailing Office Address

334 E. State Road 200

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32034

Country

Nassau

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/19/99

5. FEI Number

22-3629435

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

Gil Navon

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

334 E. State Road 200

Suite, Apt. #, Etc.

City

Fernandina Beach

State
FL

Zip Code
32034

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

REGISTERED AGENT MUST SIGN

Date October 19, 2001

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 |
|--------|--------------------------------------|---|------------------------|
| PD | Gil Navon | P.O. Box 2812 | Tybee Island, GA 31328 |
| VD | Erik Eshel | 70 Rugby Road | Roslyn Heights, NY |
| SD | Ziv Navon | P.O. Box 2812 | Tybee Island, GA 31328 |
| TD | Ronen Navon | P.O. Box 2812 | Tybee Island, GA 31328 |
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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 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/2001

Date

Daytime Phone #

CR2001 (9/00)