

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 MAY 12 PM 1:26

DOCUMENT # P99000103024

1. Corporation Name

NATIONAL INVESTMENT GROUP, INC.

100037005141
05/21/04--01091--025 **1050.00

2. Principal Office Address

W080 SW 40 St

Suite, Apt. #, etc.

Suite 10

City & State

Miami, Florida

Zip

33155

Country

USA

3. Mailing Office Address

W080 SW 40 St

Suite, Apt. #, etc.

Suite 10

City & State

Miami, Florida

Zip

33155

Country

USA

REINSTATEMENT

00-04

4. Date Incorporated or Qualified
To Do Business in Florida

11-29-1999

5. FEI Number

65-0965505

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

Knight Investments Worldwide, Inc.

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

W080 SW 40 St

Suite, Apt. #, Etc.

ste 10

City

Miami

State

FL

Zip Code

33155

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

X

[Signature]

REGISTERED AGENT MUST SIGN

Date

05-07-2004

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
P	Valeria von Sperling	W080 SW 40 St - Ste 10	Miami, FL 33155
VP	Asim Khan	W080 SW 40 St - Ste 10	Miami, FL 33155
P	Knight Investments Worldwide, Inc.	W080 SW 40 St - Ste 10	Miami, FL 33155

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)(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: X

Valeria von Sperling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-07-2004

Date

Daytime Phone #

CR2001 (01/04)

TO: DIVISION OF CORPORATION

P.O. BOX 6327

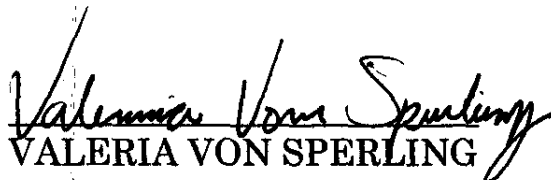
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT FOR ANY REASON WE DID NOT RECEIVE THE ANNUAL REPORT FORM THE YEAR OF 2000. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

A handwritten signature in cursive script, reading "Valeria Von Sperling".

VALERIA VON SPERLING
PRESIDENT