PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 WBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -6 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008829357
11/06/02--01071--009 **150.00

DOCUMENT # **P01000005569**

1. Corporation Name

NIKOLAS ENTERPRISES OF TAMPA, INC.

Principal Place of Business	Mailing Address
586 VILLAGE DR TARPON SPRINGS FL 34689	586 VILLAGE DR TARPON SPRINGS FL 34689

1281 JASMINE LK DRIVE
TARPON SPRINGS, FL. 34689
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
1281 JASMINE LK. DRIVE	
Suite, Apt. #, etc. TARPON SPRINGS FLORIDA	Suite, Apt. #, etc.
City & State 34689	City & State
Zip / Country PINELLAS	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/16/2001

5. FEI Number: 59-3690714 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ABBAS, OMAR F	~~586 VILLAGE DR~~ 1281 JASMINE LK DRIVE	TARPON SPRINGS FL 34689
		TARPON SPRINGS, FLORIDA 34689	

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/4/02

11. I certify that I am an officer or director of 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

Date 11/4/02

(813) 301-0505
Daytime Phone #

11/4/02

TO WHOM THIS MAY CONCERN,

MY NAME IS OMAR ABBAS AND IN 2001 I STARTED MY CORPORATION NIKOLAS ENTERPRISES. I AM VERY INEXPERIENCED WITH MANY THINGS REGARDING MY CORP. AND I NEVER KNEW THAT IT HAD TO BE RENEWED EACH YEAR. I JUST RECIEVED THIS RED PAMPHLET IN THE MAIL ON 11/1/02. I THEN CALLED THE NUMBER TO FIND OUT MORE INFORMATION. NEXT WE FOUND OUT THAT I NEVER RECIEVED ANY OTHER UBR FORMS BECAUSE THE ADDRESS ON THE PAMPHLET IS INCORRECT. I BUILT A NEW HOUSE IN MAY OF 2001 AND THE INFORMATION (ADDRESS) YOU HAVE WAS MY PREVIOUS ADDRESS. WHAT I AM ASKING IS IF YOU WILL ACCEPT MY CHECK FOR THE RENEWAL AND DISREGARD ANY FEES FOR I FEEL I AM NOT RESPONSIBLE. MY NEW ADDRESS IS 1281 JASMINE LAKE DRIVE TARPON SPRINGS, ~~FLORIDA~~ 34689.

THANK YOU VERY MUCH

SINCERELY