

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -8 PM 6:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 506333

1. Corporation Name *Niceña Enterprises, Inc*

2. Principal Office Address

4888 Kirk Rd

Suite, Apt. #, etc.

3. Mailing Office Address

4888 Kirk Rd

Suite, Apt. #, etc.

City & State

Lake Worth

City & State

Lake Worth

Zip

Country

FL 33461

Zip

Country

FL 33461

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/76

5. FEI Number

65-0016638

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

DOMENIC H. CALICCHIA

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

1520 BOTTENBAUGH DR NE

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32905

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

Domenic H. Calicchia

Date

11/5/01

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
<i>D.P.</i>	<i>Javier Ordóñez</i>	<i>4888 Kirk Rd Lake Worth FL 33461</i>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/01

Date

561-963-6627

Daytime Phone #

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November 2, 2001

Florida Department of State
Division of Corporations
Attn: Reinstatement Department
PO Box 6327
Tallahassee FL 32301


RE: Nicerja Enterprises, Inc.
Document #506333

Dear Sir or Madam:

Please be informed that I have moved my residence during the past year. Unfortunately, despite me having submitted a forwarding address with the post office, the post office failed to forward the Uniform Business Form which I presume you sent to me this year. Therefore, I respectfully request you waive the late filing fees, accept my payment of the annual fee of \$150.00 and reinstate my corporation.

Thank you in advance for your cooperation in this matter.

Sincerely,


Javier Ordonez
4868 Kirk Rd.
Lake Worth FL 33461
(561) 963-6127