

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 19 PH 3:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J80273

1 Corporation Name

ST. NICHOLAS, INCORPORATED

Principal Place of Business

Mailing Address

% JOHN C. WALKER
1150 N.E. 26TH ST.
FT. LAUDERDALE FL 33305

% JOHN C. WALKER
1150 N.E. 26TH ST.
FT. LAUDERDALE FL 33305

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

9600

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2821260

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WALKER, JOHN C.	2501 BAYVIEW DRIVE	FT. LAUDERDALE FL
SD	WALKER, ARLENE F.	2501 BAYVIEW DRIVE	FT. LAUDERDALE FL

200002037082--9
-12/24/96-01103-009
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, JOHN C.
2501 BAYVIEW DRIVE
FORT LAUDERDALE FL 33305

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

John C. Walker

REGISTERED AGENT MUST SIGN

Date

12/15/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

John C. Walker

ARLENE WALKER

Date

Daytime Phone #

12/16 954-564303