

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|------------------------------|--|---|
| CORPORATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|------------------------------|--|---|

DOCUMENT # K13317

1. Corporation Name

NICKO'S INC.

| | | | |
|---|---|--------------|----------------|
| 2. Principal Office Address 4603 N FLORIDA AVE | 3. Mailing Office Address 4603 N FLORIDA AVE | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State TAMPA, FL | City & State TAMPA, FL | | |
| Zip 33603 | Country USA | Zip 33603 | Country USA |

REINSTATEMENT 04-05

| | |
|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida | JAN 26 1988 |
| 5. EIN Number 59-2868451 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | | |
|--|--|-------------|-------------------|
| 7. Name and Address of Current Registered Agent | | | |
| Name JAMES N LIAKOS | | | |
| Street Address (P.O. Box Number is Not Acceptable) 4603 N FLORIDA AVE | | | |
| Suite, Apt. #, Etc. | | | |
| City TAMPA, FL | | State FL | Zip Code 33603 |

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 *James N. Lairos*

Date

JUN 04 2006

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 |
|--------|--------------------------------------|---|--------------------|
| D | JAMES N LIAKOS | 15002 NATUREWALK DR | TAMPA, FL |
| D | DEMETRA LIAKOS | 15002 NATUREWALK DR | TAMPA, FL |
| | | | |
| | | | |
| | | | |
| | | | |

400076337894
06/20/06--01064--018 **450.00

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 contained in Chapter 119, 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: *James N. Lairos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell JUN 13 2006

2082

June 06, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Nickos, Inc.
Document no K13317
Corporation Reinstatement

Gentlemen:

I've enclosed the following documents for your review and use.

Original Corporation Reinstatement request form
Check in the amount of \$450.00 representing reinstatement fee

I just recently found where my corporation has not been updated as a Florida corporation for the past 3 years. After diligently searching for the forms as mailed by you in previous years it has become apparent that I had not received the forms for this 3 year period. I believe the document type used to notify me to update the records changed in format during this period of time and for some reason I didn't receive the new form .

Please accept my apologies for the tardiness of complying and I respectfully request that the state not charge the penalty for filing this form late

I have enclosed a check in the amount of \$ 450.00 to pay the annual fees for the 3 years.

Thank you for your understanding and consideration in this matter.

With regards,

James Liakos, Owner