


1092

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # K13317</b>			
1. Entity Name <b>NICKO'S, INC.</b>			
Principal Place of Business <b>4603 N. FLORIDA AVE TAMPA, FL 33603-3732</b>		Mailing Address <b>4603 N. FLORIDA AVE TAMPA, FL 33603-3732</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2007 DEC 17 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**  
11292007 REINSP CR2E098 (1/07)

4. FEI Number <b>59-2868451</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>LIAKOS, JAMES N 4603 N. FLORIDA AVE TAMPA, FL 33603</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LIAKOS, JAMES N</b> <b>15002 NATUREWALK DR</b> <b>TAMPA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500113158939</b> <b>12/17/07--01003--003 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LIAKOS, DEMETRA</b> <b>15002 NATUREWALK DR</b> <b>TAMPA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joe Liakos owner 11 15 07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 2

**George White, C.P.A., P.A.**

*Certified Public Accountant*

1907 Fletcher Avenue East

Tampa, Florida 33612

Tel: (813) 971-6067

Fax (813) 866-3900

December 05, 2007

Russ Hunt  
Florida Department of State  
Division of Corporations  
Tallahassee, Florida

Re: Nicko's Inc.  
Ref Number: K13317  
Timely payment for renewal

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

Check to Florida Dept of State for 150.00  
Copy of your notice dated November 29, 2007 "for profit  
corporation reinstatement"

The corporation is resubmitting this check and document in order to update the corporations annual report form.

The owners of the corporation did not receive the first notice of payment due and upon receiving this document, promptly mailed the 150.00 to pay the fee.

We respectfully request the check for 150.00 be accepted and any penalty be abated.

Thank you for your consideration in this matter.

With regards,



George White CPA, P.A.

**MEMBER:**

Florida Institute of Certified Public Accountants  
American Institute of Certified Public Accountants