• •	PLEASE REA		TRUCTIONS BEFORE	_	ING THIS FORM.	
1	FLICATION FOR STATEMENT		DA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILEL SEURETARY O DVISION OF COR	F STATE PORATIONS
DOCUMENT # K87757 1. Corporation Name NICO INVESTMENTS, INC.					99 OCT 12 A	M II: 45
Principal Plan	Bool Landsta Orlando, FL 32	Mailing Adi	dress	PFINS	STATEMENT	1 93 56
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable Suite, Apt. #, etc City & State Zip Country		3. New Ma Suite, Apt. City & State	ugh incorrect information and enter correction below. 3. New Mailing Office Address, # Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 5. 9 - 8946719 Applied For Not Applicable 6.	
7. Names an	nd Street Addresses of Each Officer Name of Officers and/or Directors	and/or Director (F	lorida nonprofit corporations must list at le	east 3 directors)	City / State 10/25/93011	Certificate of Status
rplo	Elana Lee Jayson Khon		13001 Landstar Blod. Orlando, FL 3		E#1650.1II	
510 T	Young Lee		13001 Landstar Blvd. Orlando, FL 32 13001 Lundstar Blvd. Orlando, FL 32			
D	Donald Kwon 13001 Landstar Bld 954452 4432 800 -10/25/99-01131-027				32 824 31027	
8. Name and Address of Current Registered Agent Sason Kohn 13001 Landstar Bld Orlando, FL 32724 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the oblige					Oak Dr.	BUNN
10. I, being a Signature of Registered Ag	\mathcal{A}	1		bligations of Section	on 607.0505, F.S. Date 9-1-99	
Inta	s corporation owes the angible Personal Prop	erty Tax d	ue June 30. Yes	OF No C	(See other side to on intangib	le tax.)
this reinst owed by t	tatement application, the reason for o the corporation have been paid and	dissolution has bee the names of indivi	empowered to execute this application as in eliminated, the corporate name satisfied duals listed on this form do not qualify for ave the same legal effect as if made under	the requirements an exemption und	of section 607.0401 or 617.0401	, F.S., that all fees
SIGNATU	URE: SIGNATURE AND TYPED OF	M PRINTEDNAME OF	SIGNING OFFICER OR DIRECTOR	<u>'S .</u>	9-1-99 407) Date Daylin	1506-5005 Phone #