

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 27 PM 12:58

DOCUMENT # **L05000011227**

1. Limited Liability Company's Name

Saint Nick LLC

W08-13701

2. Principal Office Address - No P.O. Box #

6105-G Memorial Highway

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615

Country

Hillsborough

3. Mailing Office Address

6105-G Memorial Highway

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615

Country

Hillsborough

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

January 25, 2005

6. FEI Number

None

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Carey, O'Malley, Whitaker & Manson, P.A.

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

712 South Oregon Avenue

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33606

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/20/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Mercedes M. Wilt	6105-G Memorial Highway	Tampa, FL 33615

04/20/06 90032018
\$158.75
REINSTATEMENT
06-08

400122765114
04/09/08-01045-023 **107.50

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date

3/6/08

Daytime Phone # 813-882-9000

Typed or printed name of signing Managing Member/Manager

Mercedes M. Wilt