

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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06 JUN -6 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P00000021551</u> 1. Corporation Name <u>Nickmark Corporation</u>			
2. Principal Office Address <u>8640 Seminole Blvd.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5 Chiltern Close</u> Suite, Apt. #, etc.	
City & State <u>Seminole, FL</u>		City & State <u>Cheslyn Hay Walsall</u> <u>West Midlands, EN</u>	
Zip <u>33772</u>	Country <u>U.S.</u>	Zip <u>WS67PJ</u>	Country <u>UK.</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>3/1/2000</u>	
5. FEI Number <u>593634995</u>	<input type="checkbox"/> Applied For <input 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 <u>PETER T. HOFSTRA</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>8640 SEMINOLE BOULEVARD</u>		
Suite, Apt. #, Etc. <u>0406</u>		
City <u>SEMINOLE</u>	State <u>FL</u>	Zip Code <u>33772</u>

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 [Signature] Date 5/24/06

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
P	Christopher T. Rose	5 Chiltern Close Cheslyn Hay Walsall	West Midlands, EN, WS67PJ
VP	Thomas Roberge	1 Beacon Dr. SE #220	St. Pete, FL 33771
S	Elizabeth M. Rose	5 Chiltern Close Cheslyn Hay Walsall	West Midlands, EN, WS67PJ

400076397154
06/20/06--01064--005 **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: Christopher T. Rose Date 5/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01144785075326

D. McLe

NICKMARK CORPORATION
5 CHILTERN CLOSE
CHESLYN HAY WALSALL
WEST MIDLANDS, EN WS6-7PJ

May 23, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Nickmark Corporation
Document Number: P00000021551
Reinstatement

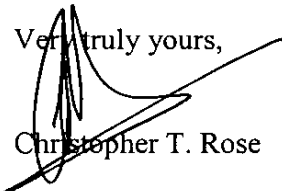
Gentlemen:

With respect to the above referenced corporation, I enclose the corporation reinstatement form. I trust that same has been properly completed and executed.

The undersigned hereby requests that the reinstatement fee be waived inasmuch as the subject corporation did not receive the annual report notices in the year of dissolution/revocation. Assuming that said fee shall be waived, I enclose my check in the amount of \$450.00.

Should you have any questions or comments, please do not hesitate to advise.

Very truly yours,


Christopher T. Rose

Enclosures