

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 MAR 12 PM 4:09

DOCUMENT # P00000073651

1. Corporation Name

NICK'SUN INVESTMENT, INC.

2. Principal Office Address

2665 S. Bayshore Dr.

3. Mailing Office Address

2665 S. Bayshore Dr.

Suite, Apt. #, etc.

Suite 1001

Suite, Apt. #, etc.

Suite 1001

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

Zip

33133

Country

U.S.A.

Zip

33133

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2000

5. FEI Number

65-1054187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$975 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eberto A. Vitier

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

Hibou Management, Inc., 2665 South Bayshore Drive

Suite, Apt. #, Etc.

Suite 1001

City

Coconut Grove,

State

FL

Zip Code

33133

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

Date 3/12/2002

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DST	Eberto A. Vitier	2665 S. Bayshore Drive	Coconut Grove, FL 33133
DP	Amadeo Nicolas Juncadella	2665 S. Bayshore Drive	Coconut Grove, FL 33133

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 under section 119.07(3)(b), 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:

Eberto A. Vitier

3/12/2002

Phone (305)250-9939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(H020000551711)