

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000110890

1. Corporation Name

Nicolacci & Me, Inc.

2. Principal Office Address

11885 S.W. 62 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33156

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida November 30, 2000

5. FEI Number

65-1064989

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jerry Green

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

9200 South Dadeland Boulevard

Suite, Apt. #, Etc.

Suite 700

City

Miami

State

FL

Zip Code

33156

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

REGISTERED AGENT MUST SIGN

Date

4/12/04

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	Maria C. Krell	11885 S.W. 62 Avenue	Miami, Florida 33156
ST	Roberto Krell	11885 S.W. 62 Avenue	Miami, Florida 33156

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)(i), 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:

M. Claudia Krell M. CLAUDIA KRELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2004
Date

305-667-2257
Daytime Phone #

CR2E081 (01/04)

7

**Nicolacci & Me, Inc.
11885 S.W. 62 Avenue
Miami, FL 33156**

March 29, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: 2003 Annual Report

Dear Sir:

This is to request a waiver of the reinstatement fee for Nicolacci & Me, Inc. The corporation did not receive last year Annual Report. This is the reason why the 2003 fee was not paid.

Thank you for your cooperation in this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,



MARIA C. KRELL, President

MK:af