

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -6 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000005569

1. Corporation Name

NIKOLAS ENTERPRISES OF TAMPA, INC.

Principal Place of Business

586 VILLAGE DR
TARPON SPRINGS FL 34689

Mailing Address

586 VILLAGE DR
TARPON SPRINGS FL 34689

1281 JASMINE LK DRIVE
TARPON SPRINGS, FL 34689

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1281 JASMINE LK. DRIVE

Suite, Apt. #, etc.

TARPON SPRINGS FLORIDA

City & State

34689

Zip

Country

PINELLAS

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

5. FEI Number

59-3690714

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)

1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

4

PSTD

ABBAS, OMAR F

586 VILLAGE DR

1281 JASMINE LK DRIVE

TARPON SPRINGS, FLORIDA

34689

TARPON SPRINGS FL 34689

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/4/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/02 (813) 301-0505

CR20040 (8/02)

11/4/02

TO WHOM THIS MAY CONCERN,

MY NAME IS OMAR ABBAS AND IN

2001 I STARTED MY CORPORATION NIKOLAS ENTERPRISES. I AM VERY INEXPERIENCED WITH MANY THINGS REGARDING MY CORP. AND I NEVER KNEW THAT IT HAD TO BE RENEWED EACH YEAR. I JUST RECEIVED THIS LEO PAMPHLET IN THE MAIL ON 11/1/02.

I THEN CALLED THE NUMBER TO FIND OUT MORE INFORMATION. NEXT WE FOUND OUT THAT I NEVER RECEIVED ANY OTHER ^{UBR} FORMS BECAUSE THE ADDRESS ON THE PAMPHLET IS INCORRECT. I BUILT A NEW HOUSE IN MAY OF 2001 AND THE INFORMATION ^(ADDRESS) YOU HAVE WAS MY PREVIOUS ADDRESS. WHAT I AM ASKING IS IF YOU WILL ACCEPT MY CHECK FOR THE RENEWAL AND DISREGARD ANY FEES FOR I FEEL I AM NOT RESPONSIBLE. MY NEW ADDRESS IS 1281 JASMINE LAKE DRIVE TARPON SPRINGS, FLORIDA 34689.

SINCERELY