

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR -8 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0100003769

1. Corporation Name

NICK'S DIVE BAR INC.

2. Principal Office Address

18700 CASSANDRA PT. LN.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33496

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10-26-01

5. FEI Number

043599792

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

NICHOLAS SYRIS

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

18700 CASSANDRA PT. LN.

Suite, Apt. #, Etc.

City

BOCA RATON, FL

State

FL

Zip Code

33496

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

*Nicholas Syris*

Date 2-27-03

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
Director	NICHOLAS SYRIS	18700 CASSANDRA PT. LN. <del>BOCA RATON</del>	BOCA RATON, FL, 33496

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:

*Nicholas Syris*

NICHOLAS SYRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-03

Date

561-414-3618

Daytime Phone #

CR2E081 (01/04)