

P02000043414

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 18 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043414

1. Corporation Name

CRAZY NICKS CAFE, INC.

2. Principal Office Address

1124 COLONNADES DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City &amp; State

FT. PIERCE, FL

City &amp; State

Zip

34949

Country

USA

Zip

Country

REINSTATEMENT

04-08

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

4/22/02

5. FEI Number

03-0435831

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 G. Angelos

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

1602 Thumbpoint Dr.

Suite, Apt. #, Etc.

City

Ft. Pierce

State

FL

Zip Code

34949

3. 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

X

REGISTERED AGENT MUST SIGN

X

Date

## 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/O	Nicholas G. Angelos	1602 Thumbpoint Dr	Ft. Pierce, FL 34949

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-14-05 772/467-0204

**FEYEREISEN ACCOUNTING AND TAX SERVICES, INC.**

1204 BOSTON AVENUE

FORT PIERCE, FL 34950

Phone 772-489-9152  
Fax 772-489-9152

10/11/05

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

To whom it may concern,

Please accept the enclosed completed corporate reinstatement and check for \$300.00 for 2004 and 2005 corporate annual reports. The taxpayer has no record of receiving the renewal for 2004 nor 2005. We assume the 2005 wasnt probably sent out since the administrative dissolution was in place already. It hadnt occurred to the taxpayer that the reports hadnt been received and he only realized they hadnt been filed after our office went on the web site to get the document number and discovered the administrative dissolution.


We are respectfully requesting abatement of the late/reinstatement fees. Thank you for your consideration and cooperation.

If you have any questions or require any further information please don't hesitate to call me at 772-489-9152.

Sincerely,



Feyereisen Accounting and Tax Services, Inc.  
Paul R. Feyereisen

  
Crazy Nicks Cafe, Inc  
Nicholas Angelos