

# 2004 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # P03000055746

1. Entity Name  
NICA HOLDINGS CORP.

Principal Place of Business  
C/O SANTIAGO STEED, FORTUNE INTERNATIONAL  
1300 BRICKELL AVE  
MIAMI, FL 33131

Mailing Address  
C/O SANTIAGO STEED, FORTUNE INTERNATIONAL  
1300 BRICKELL AVE  
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SANCHEZ, MILAGROS A  
1300 BRICKELL AVE  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typewritten name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Milagros Sanchez 11-23-04

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME PS  
VILLA, JAIME  
STREET ADDRESS 1300 BRICKELL AVE  
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE NAME S  
VILLA, JAIME  
STREET ADDRESS 1300 BRICKELL AVE  
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jaime Villa

Date

11/22/04

Daytime Phone #

305-679-5880

APPROVED  
AND  
FILED

04 DEC -7 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



11232004 REIN-P CR2E098 (6/04)

4. FEI Number 56-2373566 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

th