

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2052

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 FEB -5 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100087713791  
02/08/07--01024--018 \*\*150.00

**REINSTATEMENT**

05-07

CR2E081 (12/05)

DOCUMENT # P03000139311

1. Corporation Name

Nic's Custom cable, INC.

2. Principal Office Address

5412 Airport Blvd.

Suite, Apt. #, etc.

Suite 12

City & State

Tampa, FL

Zip

33634

Country

U.S.A.

3. Mailing Office Address

P.O. Box 47295

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33647

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07

5. FEI Number

522416414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Nicholson, Frederick J.

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

2001 Gregory dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

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

*Frederick J. Nicholson*

REGISTERED AGENT MUST SIGN

Date 2/2/2007

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.	Nicholson, Frederick	2001 Gregory dr	Tampa, FL 33613

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 contained in Chapter 119, 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.

813-293-0806

SIGNATURE:

*Frederick J. Nicholson* P. Nicholson Frederick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/2007

Daytime Phone #

282

January 19, 2007

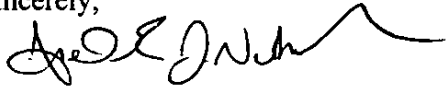
Division of Corporations

I Frederick J. Nicholson, President of Nic's Customer Cable, Inc. would like to please request a waiver of the reinstatement fee.

Over the past 2 years I have relocated and changed jobs several times, for which I have not received any annual report notices.

This past year, I have had a stable residence and employment. I wish to resolve this issue and stay current this day forward.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frederick J. Nicholson', with a stylized flourish at the end.

Frederick J. Nicholson  
President