

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 NOV 26 AM 8:24

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000157243

1. Corporation Name

**Mickens Investment, Inc. REINSTATEMENT 08-13**

2. Principal Office Address - No P.O. Box #  
3. Mailing Office Address  
817 W Edgewood Avenue 7650 Sentry Oak Circle West  
State, Apt. #, etc. State, Apt. #, etc.

City & State City & State  
Jacksonville FL Jacksonville, FL  
Zip Country Zip Country  
32208 US 32256 US

4. Date Incorporated or Qualified To Do Business in Florida  
11/28/2005  
5. FET Number Applied For  
900246051 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  
Sabrina Mickens  
Street Address (P.O. Box Number is Not Acceptable)  
817 W Edgewood Avenue  
State, Apt. #, Etc.  
City State Zip Code  
Jacksonville FL 32208

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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 *Sabrina Mickens* Date 11/25/2013  
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
P	Sabrina Mickens	817 W Edgewood Avenue	Jacksonville, FL 32208

10. E-mail Address: sabrina817@comcast.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S.

SIGNATURE: *Sabrina Mickens* 11/25/13 604-349-2605 Daytime Phone #

NOV 27 2013

T. CARTER