

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000058999**

1. Corporation Name

NICK'S PRODUCTION CORP.

2. Principal Office Address - No P.O. Box #

361 Colonnade Drive

Suite, Apt. #, etc.

3. Mailing Office Address

11924 W. Forest Hill Blvd.

Suite, Apt. #, etc.

22-417

City & State

Wellington, Florida

City & State

Wellington, Florida

Zip

33449

Country

USA

Zip

33414

Country

USA

7. Name and Address of Current Registered Agent

Name

Magda Dominique

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

11924 W. Forest Hill Blvd.

Suite, Apt. #, Etc.

22-417

City

Wellington, Florida

State

FL

Zip Code

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

Magda Dominique
REGISTERED AGENT MUST SIGN

Date **1/28/2010**

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	Jean N. Frezin	11924 W. Forest Hill Blvd.	Wellington, FL 33414
VP	Magda Dominique	11924 W. Forest Hill Blvd.	Wellington, FL 33414
D	Nickson Frezin	11924 W. Forest Hill Blvd.	Wellington, FL 33414
D	Nicolas Frezin	11924 W. Forest Hill Blvd.	Wellington, FL 33414

X 2/1

10. E-mail Address: **mdfrezin@aol.com**

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Magda Dominique

1/28/2010

Date

561-846-9479

Daytime Phone #

FILED

10 JAN 29 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *08-10*

000167536420
01/29/10--01027--022 ***450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2006

5. FEI Number
204758696

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.