

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris.**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC 21 PM 2:57

DOCUMENT # **P94000073217**

**1. Corporation Name**

**CHRIS NICOLAS & PARTNERS INC.**

**2. Principal Office Address**

**3007 ALHAMBRA ST.**

**3. Mailing Office Address**

**3411 NE 19<sup>TH</sup> AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FORT LAUDERDALE**

City & State

**OAKLAND PARK**

Zip

**33304**

Country

**USA.**

Zip

**33306**

Country

**USA.**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**09/30/1994**

**5. FEI Number**

**65-0535453**

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

**ROBERT FRASIER**

**300004749029-8**

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

**2400 E. COMMERCIAL BLVD**

**-01/03/02--01042--014**

**\*\*\*\*750.00 \*\*\*\*750.00**

Suite, Apt. #, Etc.

**#826**

City

**FORT LAUDERDALE**

State

**FL**

Zip Code

**33308**

**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

*[Signature]*

Date **12-18-01**

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/D	CHRISTIAN NICOLAS	49 AVA DE SEINE	SANT HAHMES 7670 FRANCE

**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

**DECEMBER 14, 2001 954-557-3641**

Date

Daytime Phone #

CR2E081 (9/00)

20f2

FRAZIER, HOTTE & ASSOCIATES, P.A.

ATTORNEYS AT LAW

ROBERT W. FRAZIER, Jr., Esq.  
JOHN F. HOTTE, Esq.

Of Counsel:  
Me DANIEL HOTTE\*, LLL  
\*admitted to practice  
only in the Province  
of Quebec, Canada.

December 19, 2001

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

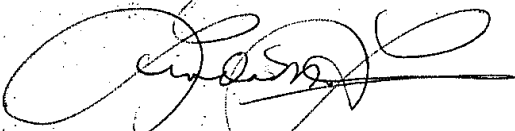
IN RE: Reinstatement - Chris Nicolas & Partners, Inc.

Gentlemen:

Enclosed please find Corporate Reinstatement for Chris Nicolas & Partners, Inc., together with a check in the amount of \$750.00 as and for reinstatement fees.

Should you have any questions, kindly contact me.

Very truly yours,



Linda M. Lacertosa, secretary to  
ROBERT W. FRAZIER, JR., ESQ.

lrl:encl.