

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 SEP 22 AM 9:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # *9950000 31708*

1. Corporation Name

NICK'S OF NORTHWEST FLORIDA, INC

Principal Place of Business

C-30-A  
 BLUE MOUNTAIN BEACH  
 SANTA ROSA BEACH, FLORIDA  
 32459

Mailing Address

200 12 OAKS LANE  
 FREEPORT, FLORIDA 32439

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

POST OFFICE BOX 1607

City & State

City & State

SANTA ROSA BEACH, FLORIDA

Zip

Country

Zip

Country

32459

WALTON

4. Date Incorporated or Qualified To Do Business in Florida

APRIL 19, 1995

5. FEI Number

59-3366279

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

300002302723--5  
 -09/24/97--01098--010  
 \*\*\*\*915.00 \*\*\*\*915.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	FRANK A. NICK JR.	200 12 OAKS LANE	FREEPORT, FLORIDA 32439
V-P	BONNIE W. NICK	200 12 OAKS LANE	FREEPORT, FLORIDA 32439
SECR	CHARLES CAREY NICK	200 12 OAKS LANE	FREEPORT, FLORIDA 32439
TRES	FRANK A NICK, III	200 12 OAKS LANE	FREEPORT, FLORIDA 32439

**REINSTATEMENT** *96-97*

*50 9-29-97*

8. Name and Address of Current Registered Agent

FRANK A. NICK, JR.  
 200 12 OAKS LANE  
 FREEPORT, FLORIDA 32439

9. Name

Name

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

Suite, Apt. #, Etc.

City

State  
 FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Frank A. Nick, Jr.*  
 REGISTERED AGENT MUST SIGN

Date

*9-17-97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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:

*Frank A. Nick, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9-17-97*

Date

Daytime Phone #

*850-267-2117*

CRF0040 (12/96)