

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 FEB -3 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090681

1. Corporation Name

BABE NIC INC

Principal Place of Business

6101 NW 33RD WAY  
FT. LAUDERDALE,  
FL, 33309

Mailing Address

P.O. BOX 590426  
FT. LAUDERDALE  
FLA, 33359-0426

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

2. New Principal Office Address, If Applicable

6101 NW 33RD WAY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 590426

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05 NOV 1996

5. FEI Number

650710179

Applied For

Not Applicable

City & State

FT. LAUDERDALE, FL.

City & State

FT LAUDERDALE FL

Zip

33309

Country

U.S.A.

Zip

33359

Country

USA

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	PETER NICHOLSON	6101 NW 33RD WAY FT. LAUDERDALE, FLA, 33309	
VSTD	MARY-ANN NICHOLSON	6101 NW 33RD WAY FT. LAUDERDALE FLORIDA, 33309.	

700003136687--8  
-02/16/00--01006--018  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETER NICHOLSON  
6101 NW 33RD WAY  
FT. LAUDERDALE, FLA,  
33309

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

REGISTERED AGENT MUST SIGN

Date 12.15.99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

MARY-ANN NICHOLSON (MARY-ANN NICHOLSON) 12.15.99 / 954-969-0180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

KE

CR2E081 (12/98)