


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 99 FEB 25 PM 2:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000069094					
1. Corporation Name N.I.C. CONTRACTORS, INC.					
Principal Place of Business 1940 NE 179 ST NORTH MIAMI FL 33162		Mailing Address 1940 NE 179 ST NORTH MIAMI FL 33162			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 2301 NW 7th St # H Suite, Apt. #, etc. Suite H City & State Miami FL Zip 33125 Country USA		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 08/11/1997	
				5. FEI Number Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
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		
D	SINCLAIR, AMADEO STEVENS	1940 NE 179 ST	NORTH MIAMI FL 33162		
D	Sinclair, Amadeo Stevens	2301 NW 7th St Suite H	Miami, FL 33125		
			500002792775-0 03/03/99-01004-017 ****908.75 ****908.75		
8. Name and Address of Current Registered Agent SINCLAIR, AMADEO STEVENS 1940 NE 179 ST NORTH MIAMI FL 33162					
9. Name and Address of New Registered Agent Name Sinclair Amadeo Stevens Street Address (P.O. Box Number is Not Acceptable) 2301 NW 7th St # Suite, Apt. #, Etc. Suite H City Miami FL State FL Zip Code 33125					
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 _____ Date 2-15-99 REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

2-15-99 (228) 918-1166  
Date Daytime Phone #  
1-800-610-7901