

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 AM 8:54

DOCUMENT # P98000022178

1. Corporation Name

SLICK'S, INC.

Principal Place of Business

454 CYPRESS WAY EAST
NAPLES FL 34104

Mailing Address

454 CYPRESS WAY EAST
NAPLES FL 34104

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

2. New Principal Office Address, If Applicable

17687 Summerlin Rd.

Suite, Apt. #, etc.

Fort Myers FL

City & State

Fort Myers Florida

Zip 33908

County LEE

3. New Mailing Office Address, If Applicable

454 Cypress Way East

Suite, Apt. #, etc.

City & State

Naples Florida

Zip 34110

County Collier

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1998

5. FEI Number

59-3514475

Applied For

Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	Joseph Paniccia	454 Cypress Way East Naples FL 34110	Naples FL 34110
Sec.	Joseph Paniccia	454 Cypress Way E.	Naples FL 34110
V.P.	MARIA Paniccia	454 Cypress Way E	Naples FL 34110
Treasurer	MARIA Paniccia	454 Cypress Way E.	Naples FL 34110
			400003043324--3
			11/12/99--0113--012
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

PANICCIA, JOSEPH
454 CYPRESS WAY EAST
NAPLES FL 34104 34110

9. Name and Address of New Registered Agent

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

Joseph Paniccia

REGISTERED AGENT MUST SIGN

Date 10-14-99

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 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:

Joseph Paniccia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-99

Date

Daytime Phone #

(941)

370-6324

CR22040 (8/99)