

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY -4 AM 11:57

DOCUMENT # P 98000043899

1. Corporation Name

Stick It, Inc

2. Principal Office Address - No P.O. Box #

18274 Clearbrook Cir

Suite, Apt. #, etc.

3. Mailing Office Address

18274 Clearbrook Cir

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33498

Country

USA

City & State

Boca Raton FL

Zip

33498

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

45-0937313

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

Consulting Solutions Inc

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

1 NE 23 Ave Suite 4

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33062

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

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

*Mark Luciani* PR

REGISTERED AGENT MUST SIGN

Date 4/28/10

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	Michelle Masci	102 Cliffbrook Ct	Flat Rock NC 28731

REINSTATEMENT 08-10 RB  
5/5/10

10. E-mail Address: MLUCIANI@CS-TAX.COM

(To be used for future annual report notification)

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. I further certify, 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:

*Michelle Masci*

Michelle Masci

Date

4/28/10

Daytime Phone #