

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 OCT -8 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **099000109565**

1. Corporation Name

NIKIC INTERNATIONAL, INC.

700008327777--5
-10/11/02--01022--014
***1050.00 ***1050.00

2. Principal Office Address

378 DEVON PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

378 DEVON PLACE

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

Zip

32746

Country

SEMINOLE

City & State

LAKE MARY, FL

Zip

32746-5038

Country

SEMINOLE

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/16/1999

5. FEI Number

14-1763334

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

NIKOLA NIKIC

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

378 DEVON PLACE

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746-5038

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

Nikola Nikic

REGISTERED AGENT MUST SIGN

Date **9/25/02**

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
PD	NIKIC, NIKOLA	378 DEVON PLACE	LAKE MARY, FL 32746
SD	NIKIC, PATRICIA	378 DEVON PLACE	LAKE MARY FL 32746

10. 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:

Nikola Nikic

NIKOLA NIKIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/02

407-833-8317

Daytime Phone #

CR2E081 (9/01)

9/10/02



Simonics, Simonics, Ratnecht & Associates, Inc.

8750 Perimeter Park Boulevard • Jacksonville, FL 32216-6347

Phone: 904-928-1040 • Fax: 904-928-0939

www.simonics.net

September 12, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: NIKIC INTERNATIONAL, INC.

Enclosed is a Corporation Reinstatement form for the subject and a check for \$1050.00 to cover the reinstatement fee.

Regards,

A handwritten signature in cursive script that reads "N.T. Simonics".

Nicholas T. Simonics
Certified Public Accountant

NTS/gs
enclosures