

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

06 MAR 28 AM 9:27

DOCUMENT # P99000110251

1. Corporation Name

NICE IDEAS, INC.

2. Principal Office Address

12399
12005 BELCHER ROAD

Suite, Apt. #, etc.

SUITE 160

City & State

LARGO, FL

Zip

33773

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/99

5. FEI Number

59-3615982

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

CHARLES D. BURKETT

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

9468 SILVERTHORN RD.

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33777

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

Date

REGISTERED AGENT MUST SIGN

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
CEO	CHARLES D. BURKETT	9468 SILVERTHORN RD.	LARGO, FL 33777
P	ANA MARIA ELMENDORF	5451 - 16TH LANE	ST. PETERSBURG, FL 33703

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04/04/06--01054--022 **1050.00

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 contained in Chapter 119, 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:

Charles D. Burkett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06 727-421-7669
Date Daytime Phone #