

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 # P99 000 110251

1. Corporation Name

NICE IDEAS, INC.

2. Principal Office Address 12399 12399 BELCHER ROAD	3. Mailing Office Address		
Suite, Apt. #, etc. SUITE 160	Suite, Apt. #, etc.		
City & State LARGO, FL	City & State		
Zip 33773	Country U.S.	Zip	Country

REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida	12/12/99
5. FEI Number 59-3615982	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
			4000069445534 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 Burkett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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