# APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 10 PM 12:01

DOCUMENT # S92197

1. Corporation Name

PETE-NIK HOLDINGS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6202 BENJAMIN RD<br>SUITE 100<br>TAMPA, FL 33634<br>US | 6202 BENJAMIN RD<br>SUITE 100<br>TAMPA, FL 33634<br>US |

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

REINSTATEMENT 99-00

| 2. New Principal Office Address, if Applicable | 3. New Mailing Office Address, if Applicable |
|---|---|
| 801 W. BAY DRIVE | 801 W. BAY DRIVE |
| Suite, Apt. #, etc.: SUITE 201 | Suite, Apt. #, etc.: SUITE 201 |
| City & State: LARGO, FLORIDA | City & State: LARGO, FLORIDA |
| Zip: 33770 Country: USA | Zip: 33770 Country: USA |

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 59-3092600 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $0.75 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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| P | PETER J. PORCELLI, JR. | 801 W. BAY DRIVE, SUITE 201 | LARGO, FL 33770 |
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8. Name and Address of Current Registered Agent

ALLWEISS, MICHAEL D., ESQ.
111 2ND AVE NE STE 620
SUITE 202
ST PETERSBURG, FL 33701

9. Name and Address of New Registered Agent

Name: MINDY L. CARREJA, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 220 S. FRANKLIN STREET
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33602

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: Mindy L. Carreja Date: 7/5/00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: [signature] 7-6-00 (727) 518-7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #