

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **V42945**

1. Corporation Name

**NICATOOURS, INC.**

Principal Place of Business

Mailing Address

426 SW 8TH STREET  
MIAMI FL 33130

426 SW 8TH STREET  
MIAMI FL 33130

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/1992

5. FEI Number

65-0341323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>P</del>	<del>RAMOS, MARTHA C</del>	<del>11521 SW 80 TERRACE</del>	<del>MIAMI FL 33173</del>
<del>S</del>	<del>QUANT, SUSANA</del>	<del>7790 SW 90 ST. APT. M-6</del>	<del>MIAMI FL 33158</del>
P	ILEANA GARCIA	10832 S.W. 25 <sup>th</sup> TRAIL	miami, fl. 33173

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~RAMOS, MARTHA C~~  
~~11521 SW 80 TERRACE~~  
~~MIAMI FL 33173~~

Name

Lindsay Dunkley

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

426 S.W. 8th St.

Suite, Apt. #, Etc.

City

miami, fl.

State  
FL

Zip Code  
33130

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

REGISTERED AGENT MUST SIGN

Date

2/21/02

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/21/02 X 305.8540585

FILED

02 MAR -5 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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