

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 APR 25 AM 7:51

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: **DOCUMENT # F48567**

The Nicholson Group, Inc.
 1499 W. Palmetto Park Rd., Suite 300
 Boca Raton, FL 33486

2. If Address in Block 1 is incorrect, enter correct address below: **TALLAHASSEE FLORIDA**

Address
 5734 Paddington Way
 City and State Boca Raton, FL Zip Code 33496

3. If Principle Office Address is different from mailing address, enter address below:

REINSTATEMENT 959700
 City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

October 7, 1981

5. FEI Number

59-2128486

FEI Number Applied For

FEI Number Not Applicable

6. \$875 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

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
D	Robert Nicholson	20802 Ramita Trail	Boca Raton, FL 33433
P-V-T S-D	Robert Nicholson	5734 Paddington Way	Boca Raton, FL 33496

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 ***1080.00 ***1080.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

~~Robert Nicholson~~
~~20802 Ramita Trail~~
~~Boca Raton, FL 33433~~

9. If changed, new registered agent / office

Name **Robert Nicholson**
 Street Address (Do NOT Use P.O. Box Number)
 5734 Paddington Way
 Street Address (Do NOT Use P.O. Box Number)
 City **Boca Raton** State **FL** Zip **33496**

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

Robert Nicholson

REGISTERED AGENT MUST SIGN

Date **April 21, 1997**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Robert Nicholson

Date **4-21-97**

Daytime Phone # **(561) 994-1977**

Typed or printed name of signing officer or director