

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Mar 07, 2009
Secretary of State**

DOCUMENT# N02000000369

Entity Name: NIKO SERVICES FOR IMMIGRANTS INC.

Current Principal Place of Business:

15565 SW WARFIELD RD
6A
INDIANTOWN, FL 34956

New Principal Place of Business:

PO BOX 681511
FORT PAYNE, AL 35968

Current Mailing Address:

PO BOX 605
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 22-3856748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARIAS, BLANCA M
2071 SE BOWIE ST
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

MILANO, NICHOLAS
2071 SE BOWIE ST
PORT SAINT LUCIE, FL 34952 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NICHOLAS MILANO

03/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARIAS, BLANCA M
Address: 2071 SE BOWIE ST
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: MIGUEL, LIDIA
Address: 15174 SW YALAHA ST
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: THOMASEVICH, FRANCES Z
Address: 2111 SE BOWIE ST
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MILANO, NICHOLAS
Address: 2071 SE BOWIE ST
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS MILANO

D

03/07/2009

Electronic Signature of Signing Officer or Director

Date