

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005115

FILED  
Oct 04, 2008  
Secretary of State

**Entity Name:** THE NICKERSON FAMILY REUNION, INC.

**Current Principal Place of Business:**

14201 POLK STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

14201 POLK STREET  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 41-2240655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICKERSON, BARBARA L  
10201 POLK STREET  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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: BARBARA L. NICKERSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: NICKERSON, BARBARA L  
Address: 14201 POLK STREET  
City-St-Zip: MIAMI, FL 33176

Title: DVP ( ) Delete  
Name: NICKERSON, JAMES  
Address: 800 BROWARD ROAD N-203  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DS ( ) Delete  
Name: BOWMAN, OPAL  
Address: 37740 SUMMER AVE  
City-St-Zip: JACKSONVILLE, FL 33523

Title: DT ( ) Delete  
Name: ISAAC, VANESSA  
Address: 12291 SW 122 PATH  
City-St-Zip: MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HAMILTON, FRANKLIN  
Address: 4134 GAMBLE RD  
City-St-Zip: LLYOD, FL 3237

Title: DVP (X) Change ( ) Addition  
Name: HALL, CLARENCE  
Address: 37740 SUMMER AVE  
City-St-Zip: DADE CITY, FL 33523

Title: DS (X) Change ( ) Addition  
Name: BOWMAN, OPAL  
Address: 37740 SUMMER AVE  
City-St-Zip: DADE CITY, FL 33523

Title: DT (X) Change ( ) Addition  
Name: BARBARA, NICKERSON L  
Address: 14201 POLK STREET  
City-St-Zip: MIAMI, FL 33176

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: BARBARA L. NICKERSON

DP

10/04/2008

Electronic Signature of Signing Officer or Director

Date