


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000063871	
1. Entity Name DIANA J. NICKLE, P.A.	

Principal Place of Business 6659 MANGROVE WAY NAPLES, FL 34109	Mailing Address 6659 MANGROVE WAY NAPLES, FL 34109
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2. Principal Place of Business 855 KETCH DR., Suite, Apt. #, etc. #206	3. Mailing Address 855 KETCH DR., Suite, Apt. #, etc. #206
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City & State NAPLES, FL	City & State NAPLES, FL
Zip 34103	Zip 34103

FILED
05 MAR 14 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02282005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent NICKLE, DIANA J 6659 MANGROVE WAY NAPLES, FL 34109	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 855 KETCH DR., #206 NAPLES FL 34103
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: Diana J Nickle PA DIANA J NICKLE PA	DATE: 3/1/05

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKLE, DIANA J 6659 MANGROVE WAY NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	855 KETCH DR., #206 NAPLES, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300048845133 03/22/05--01016--009 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/3/14 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Diana J Nickle PA DIANA J NICKLE	DATE: 3/1/05 (239) 430-0840