

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 14 PM 4:14

REINSTATEMENT 04-05



06082005 REIN-P CR2E098 (6/04)

4. FEI Number  
**20-0232495**

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

<b>DOCUMENT # P03000102206</b> 1. Entity Name <b>MICHAEL NICKAS INSURANCE AGENCY, INC.</b>					
Principal Place of Business 7911-3 BLANDING BLVD JACKSONVILLE, FL 32244		Mailing Address 7911-3 BLANDING BLVD JACKSONVILLE, FL 32244			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0232495</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
NICKAS, MICHAEL J 7911-3 BLANDING BLVD JACKSONVILLE, FL 32244				Name <b>Ludwig &amp; Bunn, P.A.</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>5150 Belfort Rd., S., Bldg. 500</b>	
				City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32256</b>	
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: <i>Jeffrey Ludwig as President</i>				6/8/05	
Signature typed or printed name of registered agent and title if applicable.				DATE	
<b>FILE NOW!!! FEE IS \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICKAS, MICHAEL J 7911-3 BLANDING BLVD JACKSONVILLE, FL 32244 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Michael J. Nickas</i>			6-9-05		904 777-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #