

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 18 AM 11:04

SECRETARY OF STATE
REINSTATEMENT

05-06



01112006 REIN-P JAN 18 2006 OR2E096 (VW05)

DOCUMENT # P03000116620 1. Entity Name NICHOLAS STUCCO, INC.					
Principal Place of Business 210 LINK AVE ORLANDO, FL 32808			Mailing Address 210 LINK AVE ORLANDO, FL 32808		
2. Principal Place of Business 4711 WHITE WILLOW LN		3. Mailing Address 4711 WHITE WILLOW LN			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 20-0317244	
Zip 32808		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLAS, PATRICK 210 LINK AVE ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4711 WHITE WILLOW LN City ORLANDO State FL Zip Code 32808		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NICHOLAS, PATRICK 210 LINK AVE ORLANDO, FL 32808 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4711 WHITE WILLOW LN ORLANDO, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLAVIER, VICTOR 210 LINK AVE ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DV BELMAR, CURVIN 2139 VERANDA CIR ORLANDO, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COOPER, HANSON 210 LINK AVE ORLANDO, FL 32808 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4711 WHITE WILLOW LN ORLANDO, FL 32808	
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 500065565475 02/10/06--01014--005 ***00.00	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Patrick Nicholas</u> PATRICK NICHOLAS 1/11/06 407 467 8274 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					