

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000153771

Entity Name: NICHOLSON, INC.

FILED  
Dec 16, 2006  
Secretary of State

## Current Principal Place of Business:

12784 BAY PLANTATION DRIVE  
JACKSONVILLE, FL 32223

## New Principal Place of Business:

4553 SAN LORENZO BLVD  
JACKSONVILLE, FL 32224

## Current Mailing Address:

12784 BAY PLANTATION DRIVE  
JACKSONVILLE, FL 32223

## New Mailing Address:

4553 SAN LORENZO BLVD  
JACKSONVILLE, FL 32224

FEI Number: 34-2026013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOE, WILLIAM G JR.  
599 ATLANTIC BOULEVARD  
SUITE 6  
ATLANTIC BEACH, FL 32233 US

## Name and Address of New Registered Agent:

NICHOLSON, THOMAS M  
4553 SAN LORENZO BLVD  
JACKSONVILLE, FL 32224 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: THOMAS NICHOLSON

12/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NICHOLSON, THOMAS M  
Address: 12784 BAY PLANTATION DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VSTD ( ) Delete  
Name: NICHOLSON, NEETA P  
Address: 12784 BAY PLANTATION DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NICHOLSON, THOMAS M  
Address: 4553 SAN LORENZO BLVD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VSTD (X) Change ( ) Addition  
Name: NICHOLSON, NEETA P  
Address: 4553 SAN LORENZO BLVD  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS NICHOLSON

PRES

12/16/2006

Electronic Signature of Signing Officer or Director

Date