


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 27 AM 10:13

REINSTATEMENT ⁰⁶

DOCUMENT # P04000169832 1. Entity Name NKH PROPERTIES, INC.	
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Principal Place of Business 561 S.W. 3RD ST. BELLE GLADE, FL 33430	Mailing Address 561 S.W. 3RD ST. BELLE GLADE, FL 33430
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2. Principal Place of Business 2215 Renaissance Way Suite, Apt. #, etc.	3. Mailing Address 2215 Renaissance Way Suite, Apt. #, etc.
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City & State Boynton Beach, FL Zip 33426 Country USA	City & State Boynton Beach, FL Zip 33426 Country USA
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 11092006 REIN-P CR2E098 (11/05)

4. FEI Number 20-2277488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRELL, NIKIIS K 561 S.W. 3RD ST. BELLE GLADE, FL 33430	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2215 Renaissance Way City Boynton Beach FL Zip Code 33426
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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 Nikiis K. Harrell DATE 11/10/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	D HARRELL, NIKOLE K <input type="checkbox"/> Delete
NAME	HARRELL, NIKOLE K
STREET ADDRESS	554 S.W. 2ND ST.
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	D HARRELL, NIKIIS K <input type="checkbox"/> Delete
NAME	HARRELL, NIKIIS K
STREET ADDRESS	561 S.W. 3RD ST.
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700082086247
STREET ADDRESS	11/27/06--01057--012 **750.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Nikiis K. Harrell DATE 11/10/06 (561) 386-7103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #