


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 27 AM 10:13

## REINSTATEMENT <sup>06</sup>

|  |   |
|--|---|
| <b>DOCUMENT # P04000169832</b><br>1. Entity Name<br>NKH PROPERTIES, INC. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>561 S.W. 3RD ST.<br>BELLE GLADE, FL 33430 | Mailing Address<br>561 S.W. 3RD ST.<br>BELLE GLADE, FL 33430 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>2215 Renaissance Way<br>Suite, Apt. #, etc. | 3. Mailing Address<br>2215 Renaissance Way<br>Suite, Apt. #, etc. |
|---|---|



11092006 REIN-P CR2E098 (11/05)

|  |  |
|--|--|
| City & State<br>Boynton Beach, FL<br>Zip 33426 Country USA | City & State<br>Boynton Beach, FL<br>Zip 33426 Country USA |
|--|--|

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-2277488 | Applied For<br><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<br><br>HARRELL, NIKIIS K<br>561 S.W. 3RD ST.<br>BELLE GLADE, FL 33430 |
|---|

|   |
|---|
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>2215 Renaissance Way<br>City Boynton Beach FL Zip Code 33426 |
|---|

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<br>700082086247<br>11/27/06--01057--012 **750.00 |
| 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   |  |
| 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 #