

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000010442

Entity Name: NICINAP CORPORATION

**FILED**  
**Dec 09, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

222 E. BLAND ST  
# 391  
CHARLOTTE, NC 28203

**New Principal Place of Business:**

**Current Mailing Address:**

222 E. BLAND ST  
# 391  
CHARLOTTE, NC 28203

**New Mailing Address:**

FEI Number: 65-0553206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAULEY, JULIA A  
2188 BRADFORD PLACE  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

FOX, M LANNING  
3473 SE WILLOUGHBY BLVD  
STUART, FL 34997 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: M LANNING FOX

12/09/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MINK, APRIL P  
Address: 1835 PALMER ROAD  
City-St-Zip: MILL SPRING, NC 28756

Title: VPD  
Name: LEONE, NICHOLAS D  
Address: 222 E. BLAND STREET # 391  
City-St-Zip: CHARLOTTE, NC 08203

Title: STD  
Name: LEONE, CYNTHIA L  
Address: 222 E. BLAND ST. #391  
City-St-Zip: CHARLOTTE, NC 08226

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA L LEONE

ST

12/09/2013

Electronic Signature of Signing Officer or Director

Date