

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 20 AM 11:42

STATE
FLORIDA

REINSTATEMENT 03-05

DOCUMENT # P98000107608

1. Corporation Name

STEPHEN NICHOLSON, INC.

2. Principal Office Address

670 NE STUART

3. Mailing Office Address

P.O. BOX 1861

Suite, Apt. #, etc.

ST.

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL.

City & State

JENSEN BEACH FL.

Zip

34957

Country

MARTIN

Zip

34958

Country

MARTIN

4. Date Incorporated or Qualified To Do Business in Florida

12/28/98

5. FEI Number

65-0885252

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHEN NICHOLSON

Street Address (P.O. Box Number is Not Acceptable)

670 NE STUART ST.

Suite, Apt. #, Etc.

700054215847

05/10/05--01068--010 **1051.00

City

JENSEN BEACH FL.

State

FL.

Zip Code

34957

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Stephen Nicholson

REGISTERED AGENT MUST SIGN

Date

4-15-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STEPHEN NICHOLSON	670 NE STUART ST.	JENSEN BEACH FL 34957

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Stephen Nicholson STEPHEN NICHOLSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-05

Daytime Phone #

772-225-4099

CFR2E001 (01/04)

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