

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 524226

1. Corporation Name

NYE BRANDS COMPANY

Principal Place of Business

Mailing Address

5360 HYPOLUXO ROAD
P. O. DRAWER 3065
LANTANA FL 33465

5360 HYPOLUXO ROAD
P. O. DRAWER 3065
LANTANA FL 33465

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/20/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1711445

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	NYE, W. A.	5360 HYPOLUXO RD., P.O. DRAWER 3 2912 JOG RD/PO BOX 540087	LANTANA FL LAKE WORTH FL 33454-0087

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

NYE, DAVID D. & NYE, WILLIAM A.
5360 HYPOLUXO ROAD
LANTANA FL 33462

WILLIAM A NYE
2912 JOG ROAD
LAKE WORTH
FL 33467

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM A NYE
10/23/01

2012

Nye Brands Company

P.O. Box 540087

Lake Worth, FL 33454-0087

(561) 967-9717

Fax (561) 968-5132

NYEBRAND@BELLSOUTH.NET

October 23, 2001

To Whom It May Concern:

This letter accompanies my application for reinstatement. I am asking that my reinstatement fee be waived. My reasons are as follows.

Nye Brands Company underwent a reorganization in the last two years that involved a change in location and downsizing with regards to employees. Apparently, due to this change in address, we did not receive our notice to file our annual report. In addition, there was no one here aware of the need to file, so we did not even realize that we did not receive our notice until we received this notice that the corporation had been dissolved.

My company has been in business for over 20. If we had received our notice to file our annual report, we would have filed it promptly. I am asking that you accept my application for reinstatement and waive the penalty. I have enclosed a check for \$150.00

Sincerely,



William A. Nye
President
Nye Brands Company