

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 594935

FILED  
Oct 06, 2005  
Secretary of State

Entity Name: P. NYE ASSOCIATES INC.

**Current Principal Place of Business:**

501 BRICKELL KEY DRIVE  
SUITE 501  
MIAMI, FL 331312327

**New Principal Place of Business:**

**Current Mailing Address:**

501 BRICKELL KEY DRIVE  
SUITE 501  
MIAMI, FL 331312327

**New Mailing Address:**

FEI Number: 59-2208051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LODIN, PEGGY NYE  
501 BRICKELL KEY DR  
SUITE 501  
MAIMI, FL 33131 US

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

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: PEGGY NYE LODIN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: NYE, PEGGY R.,  
Address: 501 BRICKELL KEY DR #501  
City-St-Zip: MIAMI, FL 33131

Title: PD ( ) Delete  
Name: LODIN, DANA,  
Address: 501 BRICKELL KEY DR #501  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: LODIN, JEFFREY  
Address: 501 BRICKELL KEY DR # 501  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: LODIN, GREGORY  
Address: 501 BRICKELL KEY DR # 501  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PEGGY NYE LODIN

Electronic Signature of Signing Officer or Director

C

10/06/2005

Date