## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000106889

CALLAHAN, FL 32011

City-St-Zip:

Entity Name: SHERRY A. NYE & ASSOCIATES, INC.

FILED Nov 22, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
54908 CHURCH RD CALLAHAN, FL 32011			233 E. STATE STREET CALLAHAN, FL 32202		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	URCH RD N, FL 32011				
FEI Number	: 59-3684143	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
	A. NYE URCH RD N, FL 32011	US			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: SHERRY	A. NYE			
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( ) NYE, SHERRY 54908 CHURCH CALLAHAN, FL	l RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () NYE, KENNETH 54908 CHURCH CALLAHAN, FL	l RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () POWELL, TAN' 54908 CHURCH CALLAHAN, FL	l RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	T () MARTINEZ, LE 54908 CHURCH		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: SHERRY A. NYE P 11/22/2005