

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000126309

**FILED**  
**Oct 23, 2006**  
**Secretary of State**

**Entity Name:** ALGRIN, WISE & ASSOCIATES MANAGEMENT, INC

**Current Principal Place of Business:**

999 E. GULF DRIVE  
A-312  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

999 E. GULF DRIVE  
A-312  
SANIBEL, FL 33957

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WISE, SHARON A  
999 E. GULF DRIVE  
SANIBEL, FL 33957 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: SHARON A. WISE

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: P ( ) Delete  
Name: WISE, SHARON A  
Address: 999 E. GULF DRIVE  
City-St-Zip: SANIBEL, FL 33957

Title: VP ( ) Delete  
Name: ALGRIN, JILLIAN  
Address: 937 E. GULF DRIVE  
City-St-Zip: SANIBEL, FL 33957

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

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 Chapter 119, 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: SHARON A. WISE

P

10/23/2006

Electronic Signature of Signing Officer or Director

Date