## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000004066					FILED			
NORTH	PORT CONCERT BAND, INC	<b>).</b>			ts (	9- NAL ec	PM 5: 2	?Ó (
Principal Place of Business _ 6400 WEST PRICE BOULEVARD NORTH PORT, FL 34286		Mailing Address 6400 WEST PRICE BOULEVARD NORTH PORT, FL 34286		· · · · · · · · · · · · · · · · · · ·	F.	SECRETARY ALLAHASSE	OF STATE, FLORI	TE Da
. *. • • . • .							61011 CEND 61110 E	((( <b>41 1</b> 4 <b>160</b>
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1020200 INPERT	RTCANER	tu∌9 (1/07)	~ ~ ~	
City & State :		City & State		a	4. FE NUMBER 72-1525804	<del>**                                   </del>		ot Applicable
Zip	Country	Zip .	Cour	ntry	5. Certificate of Status	Desired 🔲	\$8.75 Add	ditional
	6. Name and Address of Current F	legistered Agent	<u>' I</u>		7. Name and Address	of New Registered		
MELLOR,	COPD C			Name				
C/O MELL	OR & GRISSINGER, ATTORNE UTH TAMIAMI TRAIL, SUITE D			Street Address (P.O' Box Number is Not Acceptable)				
	ORT, FL 34287							
			ľ	City		F	Zip Cod	е
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable (NOT	FE: Registered	f Agent elgnature requir	ed when reinstating)	DATE		<del></del>
	ILE NOWIN FEE IS \$61.25 nuary 1, 2009, Fee will be \$122.50	In accordar corporation	nce with s	s. 607.193(2)(b), eceive the prior	F.S., the notice.	Make chec Florida Depa	ck payable t entment of S	
10.	OFFICERS AND DIR		11,		ADDITIONS/CHANGES TO	OFFICERS AND D		
title Name	PTD O'BRIEN, JOLENE	☐ Delete	TITLE NAME	VP/T			Change	Addition
STREET ADDRESS	3314 MEADOW RUN CIR	,		ADDRESS				
CITY-ST-ZIP	VENICE, FL 34293		CITY-S		<u> </u>	<u>1 3953</u> 010140	<u> 4975</u>	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONSON, BURT 316 SALT CREEK DR. NORTH PORT, FL 34287	, Doleto	TITLE NAME STREET CITY-S	ADDRESS 3334	UI/U5/U3 N SKOWYRA F PURPLE MAR ITA GORDA	TIN DR,#12	_	) I <b>Da</b> Andrition
IIILE	D	☐ Delete	TITLE		SKOWYRA		☐ Change	Addition
WME	FADER, DEVERE A		NAME	3334	PURPLE MAR	TIN DR 415		
STREET ADDRESS CITY-8T-21P	29185 ORANGEWOOD STREET PUNTA GORDA, FL 33982		CITY-S	TADDRESS DI/ A	TA GARDA	EI 22050	φ	
MILE	D	Delete	TITLE	DM	ALLIDA ZE	1-5-2-7-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	☐ Change	Addition
NAME STREET ADDRESS	PASCHKE, PETER 14976 LYNEBURG AVE	<b>/</b> \	NAME STREET	ADDRESS 43	TA GORDA, ALINDA ZEN OO RIVERSID	IOK DR.,#1	71	/-
HTY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-S	it-zip Pu	<i>NTA</i> GORD	4, FL 33'	182	
IITLE WAME	SD PARTRIDGE, CINDY	□ Delete	TITLE NAME				☐ Change	Add tion
TREET ADDRESS	504 EPPINGER DR	•		ADDRESS	h 1.			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-S	T-ZIP	17-1110			
itle Mie	D SCHAEFFER, MARGARET	De lete	. TITLE NAME		H . 11, 1		Change	☐ Addition
TREET ADDRESS	2228 PONCE DE LEON BLVD.		STREET	ADDRESS	1			
2. I hereby of indicated of the corp changed,	NORTH PORT, FL 34287  certify that the information supplied with on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi	this filing does not qualify for rue and accurate and that me rered to execute this report the phyther like empowered.	or the exer ny signatur as require	mptions contained re shall have the s id by Chapter 617,	d in Chapter 119, Florida ame legal effect as if mad Florida Statutes; and that	Statutes: I further co e under oath; that I my name appears	ertify that the i am an officer in Block 10 or	nformation or director Block 11 if
SIGNAT	URE: olen (	O P NTED HAME OF SIGNENG OFFICER	ries	UNUUS L JOLENE	EE O'BRIEN	10/29/08 /	941) 496. Daytina Phona #	9388