

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 8:44

DOCUMENT # N98000002507

1. Corporation Name

ST. ANDREWS MARDI GRAS CARNIVAL COMMITTEE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200009022372
11/15/02--01054--005 **245.00

Principal Place of Business

PO BOX 4091
PANAMA CITY FL 32401

Mailing Address

PO BOX 4091
PANAMA CITY FL 32401

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1998

5. FEI Number

65-0883848

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D T	BRUHMULLER, BIL BETTE	2159 BRIARWOOD CIRCLE BRIAWOOD	PANAMA CITY FL 32405
E P	RUDNICK, JOHN LILLARD, WILLIAM	2951 WOODCREST DR 1016 W. 9th St.	PANAMA CITY FL 32405-32401
D	MATHIS, KAREN COOPER, TERRY	4514 GARRISON RD 7504 Beach Dr.	PANAMA CITY FL 32404 PANAMA CITY BEACH, FL 32408
D S	FEHRENBACH, ROBERTA MAPLES DEN, ELLEN	3803 W 16TH STREET	PANAMA CITY FL 32401
S D	KIDD, KATHY AL	729 BRANDEIS AV	PANAMA CITY FL 32405
F D	HUDSON, TINA BOWDOIN, DORIS	3141 W 20TH COURT 129 Palm Harbour Blvd.	PANAMA CITY FL 32405 PANAMA CITY BEACH, FL 32408

8. Name and Address of Current Registered Agent

FEHRENBACH, ROBERTA
3803 W 16TH ST
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

Name
ELLEN MAPLES DEN
Street Address (P.O. Box Number is Not Acceptable)
3803 W 16th St.
Suite, Apt. #, Etc.
City
PANAMA CITY
State
FL
Zip Code
32401

CR2E040 (802)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/13/02

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/02

Date

(850) 785-6311

Daytime Phone #