

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000001679

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** KREWE OF SHAMROCK, INC.

**Current Principal Place of Business:**

510 TIGHE AVE  
SEFFNER, FL 33584 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 360395  
TAMPA, FL 33673 US

**New Mailing Address:**

**FEI Number:** 59-3633643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BRAUNER, LINDA R  
510 TIGHE AVE  
SEFFNER, FL 33584 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: LINDA R BRAUNER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUBBELL, TIMOTHY A  
Address: P.O. BOX 172786  
City-St-Zip: TAMPA, FL 336720786

Title: VP ( ) Delete  
Name: STANLEY, MARK  
Address: 3084 DUMONT AVE  
City-St-Zip: SPRINGHILL, FL 34609

Title: TREA ( ) Delete  
Name: BRAUNER, LINDA  
Address: 510 TIGHE AVE  
City-St-Zip: SEFFNER, FL 33584

Title: SEC ( ) Delete  
Name: KLEINHANS, BARBARA  
Address: 1702 BARCLAY RD  
City-St-Zip: TAMPA, FL 33612

Title: SAAD ( ) Delete  
Name: BYRD, DARIUS  
Address: P.O. BOX 172786  
City-St-Zip: TAMPA, FL 336720786

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA R BRAUNER

Electronic Signature of Signing Officer or Director

TRES

10/27/2008

Date