

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

02-03 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -6 AM 11:00

DOCUMENT # N01000002917

1. Corporation Name

KREWE OF G.I. GUYS, INC.

Principal Place of Business

5555 W. LINEBAUGH, SUITE D
TAMPA FL 33624

Mailing Address

5555 W. LINEBAUGH, SUITE D
TAMPA FL 33624



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

2. New Principal Office

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

04/23/2001

5. FEI Number

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
PD	RUYLE, RICHARD G	5555 W. LINEBAUGH, SUITE D	TAMPA FL 33624
VD	SMITH, MICHAEL H	5555 W. LINEBAUGH, SUITE D	TAMPA FL 33624
STD	FARRAGUT, WILLIAM	5555 W. LINEBAUGH, SUITE D	TAMPA FL 33624

500018015345
05/05/03--01098--002 **122.50

8. Name and Address of Current Registered Agent

RUYLE, RICHARD G
5555 W. LINEBAUGH, SUITE D
TAMPA FL 33624

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

4-28-03

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03 (813) 968 1592

20f2

April 28, 2003

TO: Division of Corporations
State of Florida

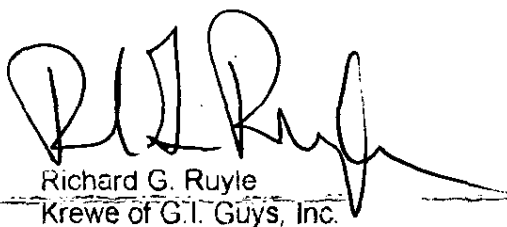
FROM: Richard G. Ruyle
Krewe of G.I. Guys, Inc.

RE: Reinstatement (Document #N01000002917)

To Whom It May Concern:

I am writing in reference to the letter of revocation (Document #N01000002917) that I received regarding *Krewe of G.I. Guys, Inc.* I was unaware of the requirements for filing a corporate annual report or uniform business report until the receipt of the aforementioned letter of revocation. I would like to request reinstatement and have enclosed a check for \$122.50 per your instructions. I hope that this will satisfy your requirements and that reinstatement will follow without delay. If you have any questions, please contact me during normal business hours at (813) 968-8592. Thank you for your cooperation in this matter.

Sincerely,



Richard G. Ruyle
Krewe of G.I. Guys, Inc.