

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000003718

FILED
Oct 18, 2004
Secretary of State**Entity Name:** FLORIDA GREAT BLACKS IN WAX MUSEUM, INC.**Current Principal Place of Business:**220 EAST MADISON
SUITE 310
TAMPA, FL 33602**New Principal Place of Business:****Current Mailing Address:**220 EAST MADISON
SUITE 310
TAMPA, FL 33602**New Mailing Address:****FEI Number:** 59-3726643 **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:**WHITE, ALTON
201 E KENNEDY BLVD STE 1700
TAMPA, FL 33602 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DBM () Delete
Name: LATSON, JOYCE
Address: 4411 LURLENE CIR.
City-St-Zip: TAMPA, FL 33610**Title:** DH () Delete
Name: WRIGHT, SAMUEL
Address: 4242 E. FOWLER AVE., USF RAR 234
City-St-Zip: TAMPA, FL 33620**Title:** D () Delete
Name: SAMUELS, ROBERT L
Address: 8509 WOODWICK CT.
City-St-Zip: TAMPA, FL 33615**Title:** T () Delete
Name: OKOGBAA, GEOFFREY
Address: 4202 E FOWLER AVE, SVC 1087
City-St-Zip: TAMPA, FL 33620**Title:** DCM () Delete
Name: DANIEL, JOHN
Address: 9407 JOE EBERT
City-St-Zip: SEFFNER, FL 33584**Title:** DECM () Delete
Name: HALL, RUTH A
Address: PO BOX 16302
City-St-Zip: TAMPA, FL 33687**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT J. SAMUELS

PRES

10/18/2004

Electronic Signature of Signing Officer or Director

Date