


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000008118 1. Entity Name THE FRIENDS OF HENRY B. PLANT PARK, INC.	
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FILED

09 FEB 19 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 401 WEST KENNEDY BLVD TAMPA, FL 33606	Mailing Address PO BOX 14307 TAMPA, FL 33690
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address P.O. Box 18523 Suite, Apt. #, etc.
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02172008 REIN-NP CR2E099 (1/07)

City & State TAMPA FL	4. FEI Number 59-3759368	Applied For <input type="checkbox"/> Not Applicable
Zip 33679	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VAN VORIS, CYNTHIA A 2709 CHAMBRAY LANE TAMPA, FL 33611	7. Name and Address of New Registered Agent Name MICHEL POKLEPOVIC Street Address (P.O. Box Number is Not Acceptable) 5111 Longfellow Av City Tampa FL Zip Code 33629
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michel Poklepovic DATE 2/17/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when reinstating)

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete NAME GRAHAM, MARY STREET ADDRESS 202 BLANCA AVENUE CITY-ST-ZIP TAMPA, FL 33606
TITLE	1VPD <input type="checkbox"/> Delete NAME GILL, PEGGY STREET ADDRESS 71 MARTINIQUE AVENUE CITY-ST-ZIP TAMPA, FL 33806
TITLE	SD <input type="checkbox"/> Delete NAME CHRISTIAN, DONNA STREET ADDRESS 523 LUCERNE AVE. CITY-ST-ZIP TAMPA, FL 33806
TITLE	TD <input checked="" type="checkbox"/> Delete NAME VAN VORIS, CYNTHIA A STREET ADDRESS 2709 CHAMBRAY LANE CITY-ST-ZIP TAMPA, FL 33611
TITLE	ATD <input type="checkbox"/> Delete NAME STICHTER, ELLEN A STREET ADDRESS 942 FRANKLIN ROAD CITY-ST-ZIP TAMPA, FL 33629
TITLE	2VPD <input type="checkbox"/> Delete NAME REYNOLDS, LIZ STREET ADDRESS 5810 S. GORDON AVENUE CITY-ST-ZIP TAMPA, FL 33611

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME GILL, PEGGY STREET ADDRESS 71 MARTINIQUE AVENUE CITY-ST-ZIP Tampa FL 33606-4027
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 70014401557 CITY-ST-ZIP 02/19/09--01036--008 **122.50
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME POKLEPOVIC, MICHEL STREET ADDRESS 5111 Longfellow Av CITY-ST-ZIP Tampa FL 33629
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

REINSTATEMENT

RH

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michel Poklepovic DATE 2/17/09 DAYTIME PHONE # 813.837.5467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #