

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 OCT 16 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 10-21

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10/16/08--01032--016 **490.00

DOCUMENT # 001000008313

1. Corporation Name

Krewe of Hip Huggers, Inc

2. Principal Office Address - No P.O. Box #

5046 High Pointe Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 2117
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32505

Country

USA

Zip

32513

Country

USA

REINSTATEMENT 04-08

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/01

5. FEI Number

59-2400771

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angela B Colley

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

5046 High Pointe Drive
Suite, Apt. #, Etc.

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

Pensacola

State
FL

Zip Code

32505

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Angela B Colley
REGISTERED AGENT MUST SIGN

Date 10/14/08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Angela Colley	5046 High Pointe Dr	Pensacola, FL 32505
V/D	Kelly Gunther	3031 Logan Drive	Pensacola, FL 32503
T/D	Allison Jones	7657 Charter Oaks Dr.	Pensacola, FL 32514
S/D	Tracy Gilbert	3291 Goldenwood Way	Pensacola, FL 32504
D	Yvette Crooke	2101 N. 20 th Avenue	Pensacola, FL 32503
D	Nikki Owens	1901 E. Gadsden St	Pensacola, FL 32501

10. 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 contained in Chapter 119, 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:

Angela B Colley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/08
Date

850455-4200
Daytime Phone #