

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -5 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01578

1. Corporation Name

Blue Crab Festival Steering Committee, Inc.

2. Principal Office Address
P.O. Box 456

Suite, Apt. #, etc.

City & State
Panacea, FL

Zip
32346

Country
USA

3. Mailing Office Address
P.O. Box 456

Suite, Apt. #, etc.

City & State
Panacea, FL

Zip
32346

Country
USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida 2/21/1984

5. EEI Number
59-3062738

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
Tim Center

Street Address (P.O. Box Number is Not Acceptable)
1218 Camellia Drive

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

900073763968
05/03/06--01001--002 **367.50

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

Tim Center

REGISTERED AGENT MUST SIGN

Date 3/10/06

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	W. Steven Brown	P.O. Box 9	Panacea, FL 32346
V/D	Sherrie P. Miller	P.O. Box 1044	Panacea, FL 32346
S/D	Toni Courtier	P.O. Box 127	Panacea, FL 32346
T/D	Pam Portwood	1184 Lower Bridge Road	Crawfordville, FL 32327
D	Bonnie Holub	P.O. Box 712	Panacea, FL 32346

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:

W. Steven Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/06 838-9842209
Daytime Phone #

B. Mitchell APR 5 2006