


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01578		
1. Entity Name BLUE CRAB FESTIVAL STEERING COMMITTEE, INC.		

Principal Place of Business P.O. BOX 456 PANACEA, FL 32346	Mailing Address P.O. BOX 456 PANACEA, FL 32346
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2. Principal Place of Business - No P.O. Box # Wakulla Welcome Center Suite, Apt. #, etc. 1493 Coastal Hwy 98 City & State Panacea	3. Mailing Address Suite, Apt. #, etc. City & State Panacea
Zip 32346	Country

FILED
2008 APR 30 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
04302008 REIN-NP CR2E099 (1/07) 0708

4. FEI Number 59-3062738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CENTER, TIM 1218 CAMELLIA DRIVE TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWD, W. STEVEN POST OFFICE BOX 9 PANACEA, FL 32346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERRIE P. MILLER P.O. Box 1144 PANACEA FL 32346 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, SHERRIE P POST OFFICE BOX 1044 PANACEA, FL 32346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAIGE F. KILLEEN P.O. Box 593 PANACEA FL 32346 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COURTIER, TONI POST OFFICE BOX 127 PANACEA, FL 32346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORIS HARRINGTON 25C OLD COURTHOUSE WAY CRAWFORDVILLE FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTWOOD, PAM 1184 LOWER BRIDGE ROAD CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLUB, BONNIE POST OFFICE BOX 712 PANACEA, FL 32346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400129431774 05/14/08--01007--024 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paige F. Killeen Date: April 30 08 Daytime Phone #: 570-7916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8. Michael MAY 1 2008 (850)