

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000006500					
1. Entity Name KREWE OF THE HIBISCUS INC.					
Principal Place of Business PO BOX 21685 TAMPA, FL 33622-1685			Mailing Address PO BOX 21685 TAMPA, FL 33622-1685		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1554792	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, CHRISTINE 6161 N. MEMORIAL HWY #1801 TAMPA, FL 33615			7. Name and Address of New Registered Agent Name <u>BILL NIPPER</u> Street Address (P.O. Box Number is Not Acceptable) <u>1717 W. HILLS AVE</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33606</u>		
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 <u>BILL NIPPER PROVOST</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>10.25.04</u>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME THOMPSON, WAYNE L CAPTAIN STREET ADDRESS 1707 VILLAGE COURT CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COATS, GREGORY LIEUTEN STREET ADDRESS 3830 CHAUCER WAY CITY-ST-ZIP LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete		TITLE PROVOST NAME BILL NIPPER STREET ADDRESS 1717 W. HILLS AVE CITY-ST-ZIP TAMPA FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LONG, JOAN PURSER STREET ADDRESS 197 GULF WAY CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME OWENS, CHRISTINE 1-MATE STREET ADDRESS 6161 N. MEMORIAL HWY #1801 CITY-ST-ZIP TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PHIPPS, PAIL 2-MATE STREET ADDRESS 111 KILSYTHE ST. CITY-ST-ZIP OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME THOMPSON, VICTORIA L STREET ADDRESS 1707 VILLAGE CT CITY-ST-ZIP BRANDON, FL 33511	<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 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 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:		DATE <u>10.25.04</u>		DAYTIME PHONE # <u>8134327570</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

04 OCT 28 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252004 REIN-NP CR2E099 (6/04)

4. FEI Number 42-1554792 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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Make check payable to
Florida Department of State

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PROVOST NAME BILL NIPPER STREET ADDRESS 1717 W. HILLS AVE CITY-ST-ZIP TAMPA FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #