

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAR 14 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02232005 REIN-NP

CR2E099 (6/04)

MRD

DOCUMENT # N03000002959

1. Entity Name
EAST TAMPA BANDITS, INC.



Principal Place of Business
**9208 RACINE PLACE
RIVERVIEW, FL 33569**

Mailing Address
**9208 RACINE PLACE
RIVERVIEW, FL 33569**

2. Principal Place of Business
**8501 N. 50th St
Suite, Apt. #, etc.
806**

3. Mailing Address
**P.O. Box 11943
Suite, Apt. #, etc.**

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33617

Country
Hillsborough

Zip
33680-1943

Country
Hillsborough

6. Name and Address of Current Registered Agent

**POITER, SHARON K
9208 RACINE PLACE
RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name
POITER, SHARON K

Street Address (P.O. Box Number is Not Acceptable)
8501 N. 50th St Apt 806

City
Tampa

FL

Zip Code
33617

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 Sharon K. Poitier DATE 2/23/05

(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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Milton Bennett 4816 N. River Blvd Tampa, FL 33603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sharon Poitier 8501 N. 50th St Apt. 806 Tampa, FL 33617	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000048826010 03/22/05--01004--001 **131.25	
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	
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	
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 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: Sharon K. Poitier DATE 2/23/05 (813) 431-5192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR