


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000005087	
1. Entity Name YE MYSTIC KREWE OF THE SANTA MARGARITA FOUNDATION, INC.	

Principal Place of Business 1543 HIGHLAND AVENUE SOUTH, #233 CLEARWATER, FL 33756	Mailing Address 1543 HIGHLAND AVENUE SOUTH, #233 CLEARWATER, FL 33756
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2. Principal Place of Business - No P.O. Box # 2315 BELLEAIR ROAD	3. Mailing Address 2315 BELLEAIR ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33764	Country USA

FILED
08 NOV 12 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11062008 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent LYONS, GARY W 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name WILLIAM FISHER Street Address (P.O. Box Number is Not Acceptable) 2315 BELLEAIR RD City CLEARWATER, FL Zip Code 33764
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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 *William Fisher* **WILLIAM FISHER, PRESIDENT** 10/10/08
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	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	P FISHER, WILLIAM 2075 ENVOY COURT CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900137853589 11/12/08--01039--001 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIPOLITO, JEFFERY J 1442 NURSERY ROAD CLEARWATER, FL 33756 <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 AMOROSE, JOHN R 1769 LAKEVIEW RD. CLEARWATER, FL 33756 <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 HESTER, PHILLIP E 2110 POINCIANA TERRACE CLEARWATER, FL 337601919 <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 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: *William Fisher* 11/10/08 (727) 443.4436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/1/30