

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000005927

1. Entity Name
KALEIDOSCOPE FESTIVAL, INC.



Principal Place of Business
804 SOUTH DALE MABRY
TAMPA, FL 35609

Mailing Address
804 SOUTH DALE MABRY
TAMPA, FL 35609

FILED

07 JAN 26 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number
51-0512781

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWEN, ROBERT
804 SOUTH DALE MABRY
TAMPA, FL 33609

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ROWEN, ROBERT
STREET ADDRESS 804 SOUTH DALE MABRY
CITY-ST-ZIP TAMPA, FL 35609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME ALLEN, KIM
STREET ADDRESS 4895 MCELROY AVE.
CITY-ST-ZIP TAMPA, FL 33611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200086810072
CITY-ST-ZIP 01/31/07--01031--011 **297.50

TITLE D ☐ Delete
NAME DOHERTY, WILLIAM
STREET ADDRESS 6302 SOUTH RENEVILLIE COURT
CITY-ST-ZIP TAMPA, FL 33616

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME TRAUTMAN, ZOE A
STREET ADDRESS 2005 MCCLELLAND
CITY-ST-ZIP TAMPA, FL 33521

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KEEBLE, ART
STREET ADDRESS 1000 N. ASHLEY DR., STE. 105
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CUNNINGHAM, MARY
STREET ADDRESS 2802 BALLAST POINT BLVD.
CITY-ST-ZIP TAMPA, FL 33611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/1/07 813 875 0511