

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

08 APR -9 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

244908



REINSTATEMENT 07-08

<b>DOCUMENT # N05000002375</b> 1. Entity Name <b>THE PURE POET SOCIETY INC.</b>					
Principal Place of Business <b>1910 E 7TH AVE TAMPA, FL 33605</b>			Mailing Address <b>1910 E 7TH AVE TAMPA, FL 33605</b>		
2. Principal Place of Business - No P.O. Box # <b>5201 N. Nebraska</b>		3. Mailing Address <b>Knowledge one Towers Suite, Apt. #, etc. 172831</b>			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		4. FEI Number <b>75-3185466</b>	
Zip <b>33605</b>		Country <b>Hills</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARPER, SANFORD E II KNOWLEDGE ONE TOWER SUITE 172831 TAMPA, FL 33672</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
<b>700123236257</b> <b>04/14/08--01010--023 **300.00</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$297.50</b>				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>P</b> <b>HARPER, SANFORD E II</b> <b>1910 E 7TH AVE.</b> <b>TAMPA, FL 33605</b>	<input type="checkbox"/> Delete	TITLE	<b>Ambassador Poet &amp; Hum</b> <b>SANFORD E HARPER II (DR, SANITARIAN)</b> <b>Knowledge one Tower</b> <b>172831</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>EC</b> <b>RIGDONE, RAMONA</b> <b>4126 DOLPHIN DR</b> <b>TAMPA, FL 33617</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>Tpa FL 33672</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>D</b> <b>MCCARTNEY, GLENN</b> <b>1910 E 7TH AVE</b> <b>TAMPA, FL 33605</b>	<input type="checkbox"/> Delete	TITLE	<b>Board Member</b> <b>MCCartney, Glenn</b> <b>Knowledge one Towers</b> <b>172831, Tpa FL 33672</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>D</b> <b>CONEY, CHARLES</b> <b>1910 E 7TH AVE.</b> <b>TAMPA, FL 33605</b>	<input type="checkbox"/> Delete	TITLE	<b>Board Member</b> <b>Charles Coney</b> <b>Knowledge one Towers</b> <b>172831 Tpa FL 33672</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>D</b> <b>CAPITANO, STEVE</b> <b>1910 E 7TH AVE</b> <b>TAMPA, FL 33605</b>	<input type="checkbox"/> Delete	TITLE	<b>Board Member</b> <b>Steve Capitano</b> <b>Knowledge one Towers</b> <b>172831, Tpa FL 33672</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4/4/08 813 531 7687</b> Date Daytime Phone #		



Dr. San Man  
*Ambassador Poet,  
Humanitarian &  
Adventurer*

# Pure Poets' Society

Mentoring the Youth via the Arts on an International Level

Division of Corporations  
Clinton Building  
2661 Executive Center Circle  
Tallahassee FL 32301

4-4-08



Charles Coney  
"Candy Man"  
*Co-Chairman &  
Poet Extraordinaire*

RE: Reinstatement requirements  
Letter Number: 707A00067972



Glenn "the other"  
McCartney  
*Secretary  
& Folksinger*

Dear Leah R Gable:

I have included a recent article and slide show presentation to better explain what I have been going through. We had previously as you are aware we did not receive prior notification. I fully understand why, because most of the information was incorrect.

We have included the necessary form to include the changes and required fees as we appreciate if the process is expedited due an enormous project we are working to positively influence the youth we serve.



Steve Capitano  
*Sensei &  
Director Of  
Operations*

If you have additional questions or require additional information do not hesitate to give our offices a call and thank you in advance for your prompt consideration and immediate response



T.J. Collins  
*Executive Assistance &  
Student*

Peace and Love,

Dr. San Man Ambassador Poet, Humanitarian & Adventurer

Ross Miller  
Financial Director

Knowledge One Towers  
(813) 531 7687

Suite 172831 Tampa Florida 33672  
[myspace.com/purepoets](http://myspace.com/purepoets)