

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012426

FILED
Nov 10, 2009
Secretary of State

Entity Name: KREWE OF MUSTANG SALLIES & RYDERS, INC.

Current Principal Place of Business:

6415 SOUTH ENGLEWOOD AVENUE
TAMPA, FL 33611

New Principal Place of Business:

3214 WEST SANTIAGO STREET, #2
TAMPA, FL 33629

Current Mailing Address:

PO BOX 18962
TAMPA, FL 33679 US

New Mailing Address:

FEI Number: 74-3206159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORNWELL, AMBER N
6415 SOUTH ENGLEWOOD AVENUE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

EVANS, AMBER N
3214 WEST SANTIAGO STREET, #2
TAMPA, FL 33629 US

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.

SIGNATURE: AMBER N. EVANS

11/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORNWELL, AMBER N
Address: 6415 SOUTH ENGLEWOOD AVENUE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: SCHRECK, SANDY
Address: 109 W IDLEWILD AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: SIMMONS, LISA
Address: 1306 ORANGEWALK DRIVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EVANS, AMBER N
Address: 3214 WEST SANTIAGO STREET, #2
City-St-Zip: TAMPA, FL 33629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMBER N. EVANS

D

11/10/2009

Electronic Signature of Signing Officer or Director

Date