

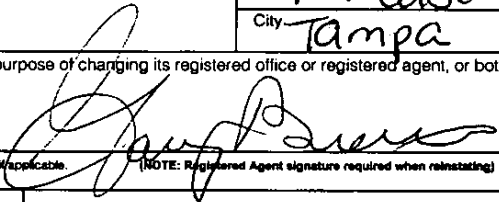


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000001285 1. Entity Name GARY BROWN BLUES BAND INC.					
Principal Place of Business 506 E PALM AVE. TAMPA, FL 33602			Mailing Address 506 E PALM AVE. TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # 8029 North Nebraska 906 East Yukon Street		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10302008 REIN-NP CR2E099 (1/07)	
City & State Tampa, Florida		City & State Tampa, Florida		4. EIN Number 51-0619425	
Zip 33604		Country Hillsborough		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROWN, GARY F SR. 506 E PALM AVE. TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: Gary F. Brown Sr. Street Address (P.O. Box Number is Not Acceptable): 906 East Yukon Street City: Tampa FL Zip Code: 33604		
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:  10-30-08 <small>Signature, typed or printed name of registered agent and title (Applicable). (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$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	P BROWN, GARY F SR 506 E PALM AVE. TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300137781283 11/10/08--01027--009 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HEGGS, BRIDGET D 506 E. PALM AVE. TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Brown, Bridget D. 906 East Yukon Street Tampa, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, JAMES 1515 UNION ST. # 303 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300137781283 11/10/08--01027--010 **\$8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUSSEAU, WRIGHT 1515 UNION ST. # 303 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	John Zumwalt Stephan 8029 North Nebraska Ave Tampa, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, JOHNNY 3403 MACHADO AVE. TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete Error do not delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Linda Wilcox 801 Palm Ave Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gary Shay 8029 North Nebraska Ave Tampa, FL 33604
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: Bridgette Brown Bridgette Brown 10/30/08 813-5263191 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

08 NOV 10 AM 11:12

CLERK OF STATE
TALLAHASSEE, FLORIDA

11/13/08