

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000007297

FILED  
Feb 17, 2012  
Secretary of State

Entity Name: KREWE OF HUBO, INC.

**Current Principal Place of Business:**

900 CAMPBELL AVENUE  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 3995  
LAKE WALES, FL 33859

**New Mailing Address:**

POST OFFICE BOX 432  
LAKE WALES, FL 33859

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOHL, KEVIN M  
229 STATE ROAD 60 E  
LAKE WALES, FL 33853 US

**Name and Address of New Registered Agent:**

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: KEVIN M. KOHL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COCKRELL, JACOB  
Address: 900 CAMPBELL AVENUE  
City-St-Zip: LAKE WALES, FL 33859

Title: VD  
Name: WILSON, RONALD  
Address: POST OFFICE BOX 162  
City-St-Zip: BABSON PARK, FL 33827

Title: SD  
Name: IRVIN, PHIL  
Address: 3810 GAINES DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD  
Name: COCKRELL, WILLIAM  
Address: 6725 ROCKY POINT ROAD  
City-St-Zip: LAKE WALES, FL 33898

Title: DIR  
Name: KOHL, KEVIN M  
Address: 229 STATE ROAD 60 E.  
City-St-Zip: LAKE WALES, FL 33853

I hereby 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 all other like empowered.

SIGNATURE: KEVIN M. KOHL

DIR

02/17/2012

Electronic Signature of Signing Officer or Director

Date