

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

113

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 13 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26024

1. Corporation Name
KREWE of COLUMBUS INC.
P.O. Box 1651
FT WALTON BCH FL 32549

2. Principal Office Address
No 375 Marie Cr.

3. Mailing Office Address
P.O. Box 1651

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT WALTON BCH

City & State
FORT WALTON BCH

Zip
32549

Country
OKALOOSA

Zip
32549

Country
OKALOOSA

REINSTATEMENT *OK*

4. Date incorporated or Qualified To Do Business in Florida
5. FEI Number Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$675 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOE H GLOVER
Street Address (P.O. Box Number is Not Acceptable)
375 MARIE CR. 400081179024
10/25/06--01008--013 **61 25
Suite, Apt. #, Etc.
City
FORT WALTON BCH State FL Zip Code 32549

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent *Joe H Glover* Date 11-7-06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOHN J. PHILIP	600 BRYAN CR	MARY ESTHER FL 32569
V	RAYMOND AYATTE	811 AZALEA DR	FT WALTON BCH FL 32549
S	EDWARD WEBER	601 CROWDER CT	FT WALTON BCH FL 32549
T	JOE H GLOVER	375 MARIE CR	FT WALTON BCH FL 32548
D	JAMES HARRIS	161 WYNNHAVEN BCH RD	MARY ESTHER FL 32569
D	HENRY STEIDL	121 TROY CT	FT. WALTON BCH FL 32547

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Joe H Glover* 11-7-06 850-244-5227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


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Attachment

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NJ26024

1. Corporation Name

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	REAGAN BELCHER	218-Q MIRACLE STRIP PK	FT. WALTON BCH FL 32548
D	BILL LEYSER	1974 ROLA FONTAINE	NAYARRE FL 32566
D	ROBERT TAFT	674 FOREST SHORE DR.	DESTIN FL 32550

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Oct. 23, 2006

RE: Reinstatement Application

Since 1998, I have been treasurer of the Krewe of Columbus and have filed the annual report, document #N26024. I have never had a problem with this until this year. I don't know why but I did not receive the notice this year until I received the Notice of dissolution. Request this file be reopened.

Thank you,


Joe H. Glover

Treasurer, Krewe of Columbus
375 Marie Circle
Ft. Walton Beach, FL 32548