

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000752

1. Corporation Name

KREWE OF BULA, INC.

Principal Place of Business

1024 E DE SOTO ST
PENSACOLA FL 32501
US

Mailing Address

1024 E DE SOTO ST
PENSACOLA FL 32501
US



REINSTATEMENT

2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1420 Westchester Dr

Suite, Apt. #, etc.
Pensacola FL

City & State

Zip

32514

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1420 Westchester Dr

City & State

Pensacola FL

Zip

32514

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1997

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROBINSON, CARLA	812 N. 13TH AVE. 9706 Costa Del Sol Blvd	SK 114102 PENSACOLA FL 32501 Miami, FL 33178-2353
D	WROTEN, MICHAEL	8907 FIGLAND AVE	PENSACOLA FL 32514
D	KEARLEY, SHELLEY	409 B DEBORAH LANE 1420 Westchester Dr	SK 114102 PENSACOLA FL 32514
D	Tummler, Kenny	4506 Deauville Way	Pensacola, FL 32514 700004794797--6 -01/24/02--01079--003 ****236.25 1236.25

8. Name and Address of Current Registered Agent

MINSHEW, HILA
1024 E DE SOTO ST
PENSACOLA FL 32501

JoAnn Chaney
5726 Pebble View
Milton, FL
32583

9. Name and Address of New Registered Agent

Name JoAnn Chaney
Street Address (P.O. Box Number is Not Acceptable)
5726 Pebble View
Suite, Apt. #, Etc.
Milton,
City Milton
State FL Zip Code 32583

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

JoAnn Chaney
REGISTERED AGENT MUST SIGN

Date

1-4-02 SK 114102

11. 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 under section 119.07(3)(i), 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:

Shelley Kearley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/02 850-474-1001
Daytime Phone #

CR2E040 (8/01)