


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT -9 AM 11:42

<b>DOCUMENT # N99000001430</b> 1. Entity Name <b>KEY WEST HISTORICAL TURTLE KRAALS CANNERY MUSEUM &amp; EDUCATIONAL CENTER, INC.</b>					
Principal Place of Business <b>200 MARGARET ST KEY WEST, FL 33040</b>				Mailing Address <b>PO BOX 501805 MARATHON, FL 33050</b>	
2. Principal Place of Business - No P.O. Box # <b>200 MARGARET ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>11335 1st Ave. Ocean</b> Suite, Apt. #, etc.			
City & State <b>Key West, FL</b>		City & State <b>MARATHON, FL</b>		4. FEI Number <b>65-0905833</b>	
Zip <b>33040</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, TINA 200 MARGARET ST KEY WEST, FL 33040</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 <u><i>Tina M. Brown</i></u> <u><i>Tina M. Brown Pres.</i></u> <u>10-6-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2009, Fee will be \$297.50</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROWN, TINA 200 MARGARET ST. KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WONG, SENIE 200 MARGARET ST. KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDMAN, VICKY 200 MARGARET ST. KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMSON, LISA 200 MARGARET ST. KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, SEAN 200 MARGARET ST. KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100136781221 10/09/08--01044--003 **236.25				
REINSTATEMENT 07-08					
B 10/15/08					
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: <u><i>Tina M. Brown</i></u> <u><i>Tina M. Brown Pres.</i></u> <u>10-6-08</u> <u>305.743-7150</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					