

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Oct 05, 2007**  
**Secretary of State**

DOCUMENT# P97000032278

Entity Name: BONE ISLAND BOB, INC.

**Current Principal Place of Business:**

430 GREENE STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

430 GREENE STREET  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 65-0795537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DONALD E. YATES, LAW OFFICES OF  
430 GREENE STREET  
KEY WEST, FL 33040 US

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

DONALD E. YATES, LAW OFFICES OF  
611 EATON STREET  
KEY WEST, FL 33040 US

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: DONALD YATES

10/05/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALBA, GLEN  
Address: 37 FREEMAN AVENUE  
City-St-Zip: ISLIP, NY 11751

Title: VP ( ) Delete  
Name: LABELLA, LAWRENCE  
Address: 54 LENOX STREET  
City-St-Zip: LINDENHURST, NY 11757

Title: VP (X) Delete  
Name: BELLO, VINCENT  
Address: 35 SPRINGWOOD DRIVE  
City-St-Zip: N. BABYLON, NY 11703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ALBA, GLENN  
Address: 37 FREEMAN AVENUE  
City-St-Zip: ISLIP, NY 11751

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN ALBA

PRES

10/05/2007

Electronic Signature of Signing Officer or Director

Date