## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P97000089543

Entity Name: BLACK GROUPER, INC.

**FILED** Dec 08, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

631 GREENE STREET KEY WEST, FL 33040 US

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 6676 631 GREENE ST

KEY WEST, FL 330416676 US KEY WEST, FL 33040 US

FEI Number: 65-0788696 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

**AMERILAWYER** COVAN, DIANE 1901 FÓRGARTY AVE 343 ALMERIA AVENUE US KEY WEST, FL 33040 US CORAL GABLES, FL 33134

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: DIANE COVAN 12/08/2004

> 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

WHITNEY, BROOKS PHILLIPS, MARK Name: Name: 517 1/2 DUVAL STREET 517 DUVAL STREET 2ND FLOOR Address: Address:

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

( ) Delete Title: PD Title: (X) Change ( ) Addition PHILLIPS, MARK PHILLIPS, BROOKS Name:

Name: 517 1/2 DUVAL STREET Address: 517 DUVAL STREET 2ND FLOOR Address:

KEY WEST, FL 33040 KEY WEST, FL 33040 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Ρ SIGNATURE: MARK PHILLIPS 12/08/2004