

# A07000001134

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### LP/LLP REINSTATEMENT CELESTIAL LP INVESTMENTS

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

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TALLAHASSEE, FLORIDA



December 27, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORPORATE CREATIONS

SUBJECT: CELESTIAL LP INVESTMENTS  
REF: A07000001134

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

General Partners MAY NOT be changed on the Reinstatement form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: E12000030140  
Letter Number: 012A00030351

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TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # A07000001134</b> 1. Name of Limited Partnership <b>Celestial LP Investments</b>			
2. Principal Office Address - No P.O. Box # <b>12346 Ridge Road</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>12346 Ridge Road</b> Suite, Apt. #, etc.	
City & State <b>North Palm Beach, FL</b>		City & State <b>North Palm Beach, FL</b>	
Zip <b>33408</b>	Country <b>USA</b>	Zip <b>33408</b>	Country <b>USA</b>
4. Date Formed or Registered To Do Business in Florida <b>10/01/2007</b>			
5. Legal Number <b>260821212</b>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status			
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.			
8. Name and Address of Current Registered Agent Name <b>Corporate Creations Network Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11380 Prosperity Farms Road #221E</b> Suite, Apt. #, Etc. <b>Palm Beach Gardens</b> FL Zip Code <b>33410</b> E-mail Address:			
9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) <i>Valerie Hawk-Donohue</i> <b>Valerie Hawk-Donohue, Special Secretary</b> DATE <b>12/26/2012</b> (REGISTERED AGENT MUST SIGN)			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
SEARCY, PRISCILLA G	12346 Ridge Road	North Palm Beach, FL 33408	
TYLKA, LEONARD A JR.	12346 Ridge Road	North Palm Beach, FL 33408	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.133, F.S.			
SIGNATURE <i>Priscilla G. Searcy</i> <b>SEARCY, PRISCILLA G, by Valerie Hawk-Donohue, Atty in fact</b>		DATE <b>12/26/2012</b> Telephone Number <b>681-894-8107</b>	
*Type or Printed Name of General Partner Signing Form			

CR2E039 (1/11)

E-Mail address to be used for future annual report notices.