

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 30 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J28447**

1. Corporation Name

CELEBRITY CHEESECAKE CORPORATION

2. Principal Office Address

974 South State Road 7
Suite, Apt. #, etc.

N/A

City & State

Margate, FL

Zip

Country

Broward

3. Mailing Office Address

same
Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

09-10

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/86

5. FEI Number

59-2707046

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Anita J. Phillips

Street Address (P.O. Box Number is Not Acceptable)

974 South State Road 7

Suite, Apt. #, Etc.

City

Margate

State
FL

Zip Code
33068

000003203850--8

04/11/00 01098-001

******908.75 ****908.75**

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Anita J. Phillips

REGISTERED AGENT MUST SIGN

Date

3/28/00

CR2E081 (9/99)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
/T/S	Anita J. Phillips	1920 Sabal Palm Drive #202	Fort Lauderdale, FL 33324

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita J. Phillips

Date

3/28/00

Daytime Phone #

974-3577