PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY 23 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200005729752--3
-06/11/02--01002--025
***1200.00 ***1200.00

DOCUMENT # K08034

1. Corporation Name
Weller Celebrations, Inc.

REINSTATEMENT 99-02

2. Principal Office Address	**3.** Mailing Office Address
717 N. 12th Ave	717 N. 12th Ave
Suite, Apt. #, etc. Pensacola, Fla.	Suite, Apt. #, etc.
City & State: Pensacola, Fla.	City & State: Pensacola, Fla.
Zip: 32501 Country: Escambia	Zip: 32501 Country: Escambia

4. Date Incorporated or Qualified To Do Business in Florida 12/2/87

5. FEI Number 59-2860335 ☐ 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: Alice S. Weller
Street Address (P.O. Box Number is Not Acceptable): 1002 Harbourview Circle
Suite, Apt. #, Etc.:
City: Pensacola State: FL Zip Code: 32507

1050.00 - Adm
61.25 - AR
88.75 - AR Supp

8. 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: Alice S. Weller (REGISTERED AGENT MUST SIGN) Date: 5/17/02

CR2E081 (9/01)

9. 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
Pre.	Weller, Alice S.	1002 Harbourview Cr.	Pensacola, Fla. 32507
V. Pre.	Turner, Deborah W.	1817 E. Lakua	Pensacola, Fla 32501
S.T.	Price, Mary Alice	1810 E. Lee Street	Pensacola, Fla 32503

10. 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: Alice S. Weller 5/17/02 850-433-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #