

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 12 AM 10:59

1. DOCUMENT # L01000001454

Name and Mailing Address

0011520 01 SP 0.370 **SNGLP

0615 33177

CELEBRATION PAVILIONS, L.L.C.
6900 SR 84
DAVIE FL 33177



REINSTATEMENT 2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

6900 SR 84
DAVIE FL 33177

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/26/2001

6. FEI Number

65-1089800

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

PECORA, MICHAEL
6900 SR 84
DAVIE FL 33177

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Michael Pecora

Date

10/25/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)

Name of Managing
Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MEM MICHAEL PECORA

6900 SR 84

DAVIE FL 33317

MEM Jerome Berlin

6900 SR 84

DAVIE FL 33317

REINSTATEMENT 2002

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10/30/02--01131--004 **150.00

CR2E034 (8/02)

12. I certify that I am managing member/manager, or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Michael Pecora

Date

10/25/02

Daytime Phone #

954-424-4000

CR2E034 (8/02)