

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 SEP 10 AM 11:03

DOCUMENT # L09000084851

1. Limited Liability Company's Name

Celebration FL, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

5722 Biscayne Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 309

City & State

New Port Richey, FL

City & State

Zip

34652

Country

USA

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

9/2/09

6. FEI Number

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

Name

Elsie Webster

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

411 Arbor Circle

Suite, Apt. #, Etc.

City

Celebration

State

FL

Zip Code

34747

E-mail Address:

400251566844

09/10/13--01006--005 **238.75

dftllc1@gmail.com

(To be used for future annual report notices)

9. 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

Elsie Webster

REGISTERED AGENT MUST SIGN

9/5/13

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Elsie Webster	411 Arbor Circle	Celebration, FL 34747

11. 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. 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.817.155, F.S.

Signature of Managing
Member/Manager

Elsie Webster

Date

9/5/13

Daytime Phone #

203-992-1956

Typed or printed name of signing Managing Member/Manager

RF 9/11/13