

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L63851

FILED
Oct 05, 2007
Secretary of State

Entity Name: CELEBRATION TRAVEL INC.

Current Principal Place of Business:

8300 W FLAGLER ST
SUITE 116
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8300 W FLAGLER ST
SUITE 116
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0199623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, ALVARO
4590 SW 67 AVE
APT 15
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALVARO OLIVA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: DIAZ, ROSA A.,
Address: 53 S. ROYAL POINCIANA
City-St-Zip: MIAMI SPRINGS, FL

Title: DP () Delete
Name: OLIVAN, ALVARO,
Address: 4590 SW 67 AVE #13
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DV () Delete
Name: DAVID MEZA,
Address: 53 SOUTH ROYAL POINCIANA BLVD
City-St-Zip: MIAMI SPRINGS,, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: OLIVA, ALVARO,
Address: 4590 SW 67 AVE #13
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO OLIVA

Electronic Signature of Signing Officer or Director

DP

10/05/2007

Date