



2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000005542 1. Entity Name SARASOTA CELEBRATION CENTER, INC.			FILED 04 DEC 23 PM 2: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2017 FIESTA DRIVE SARASOTA, FL 34231		Mailing Address 2017 FIESTA DRIVE SARASOTA, FL 34231	
2. Principal Place of Business <i>2015 Tuttle</i> Suite, Apt. #, etc.	3. Mailing Address <i>2607 S Brink Ave</i> Suite, Apt. #, etc.		
City & State <i>Sarasota, FL</i>	City & State <i>Sarasota, FL</i>	4. FEI Number 50-0521613	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34236</i>	Country <i>USA</i>	Zip <i>34239</i>	Country <i>USA</i>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		10212004 REIN-NP CF2E089 (6/04)	
6. Name and Address of Current Registered Agent LAMOTTA, TONI 2607 S. BRINK AVE SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Toni Lamotta</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <i>12/19/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State		400043609504 12/23/04--01025--014 **61.25	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAMOTTA, TONI 2067 S. BRINK AVENUE SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MATTEN, BRUCE 2219 BISPHAM RD SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CRAWLEY, CHARLENE 435 30 AVE W #110D BRADENTON, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Toni Lamotta</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>12/19/04</i> <small>Daytime Phone # <i>941-3509922</i></small>	