

2004 NQT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 NOV -5 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000664 1. Entity Name CELESTIAL CIRCLE, INC.					
Principal Place of Business 8612 N LEXINGTON DRIVE MIRAMAR, FL 33025			Mailing Address 8612 N LEXINGTON DRIVE MIRAMAR, FL 33025		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LIVERPOOL, RUTH 8428 W OAKLAND PARK BLVD SUNRISE, FL 33351				Name Ruth Liverpool Street Address (P.O. Box Number is Not Acceptable) 4974 N. University Dr. Lauderhill City FL Zip Code 33319	
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 Ruth Liverpool <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11-1-04 <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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, GERMAINE 8612 N LEXINGTON DRIVE MIRAMAR, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, ROYANNE 8612 N LEXINGTON DRIVE MIRAMAR, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, ROY 8612 N LEXINGTON DRIVE MIRAMAR, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, TERON 4200 INVERRARY BLVD APT #3210 FT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Germaine Mitchell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11-1-04 DAYTIME PHONE # 950-776-5011	



11032004 REIN-NP CR2E099 (6/04)

4. FEI Number **56-2305423** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Ruth Liverpool**
 Street Address (P.O. Box Number is Not Acceptable) **4974 N. University Dr.**
Lauderhill
 City **FL** Zip Code **33319**

REINSTATEMENT

500042520405
11/05/04--01038--004 **150.00