

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002490

FILED
Sep 20, 2006
Secretary of State

Entity Name: A CELEBRATION OF FRIENDS, INC.

Current Principal Place of Business:

1536 SW 29TH STREET
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

4527 28TH AVENUE N
SAINT PETERSBURG, FL 33713

Current Mailing Address:

1536 SW 29TH STREET
FORT LAUDERDALE, FL 33315

New Mailing Address:

11357 CREEL CIRCLE
GULFPORT, MS 39503

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAFONTAINE, MARK J
3042 N. FEDERAL HIGHWAY
SUITE 205
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

LAFONTAINE, MARK J
816 NW 28TH STREET
WILTON MANORS, FL 33311 US

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: MARK LAFONTANE

09/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PENCE, THOMAS
Address: 11357 CREEL CIRCLE
City-St-Zip: GULFPORT, MS 39503

Title: T () Delete
Name: OVERSTREET, CHARLES
Address: 1944 PIEDMONT CIRCLE NE, #116
City-St-Zip: ATLANTA, GA 30324

Title: S () Delete
Name: KENNEDY, CHUCK
Address: 1943 NE 6TH COURT, APT J100
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: PENCE, THOMAS
Address: 11357 CREEL CIRCLE
City-St-Zip: GULFPORT, MS 39503

Title: VP (X) Change () Addition
Name: DERBY, BILL
Address: 4527 28TH AVENUE N
City-St-Zip: SAINT PETERSBURG, FL 33713

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PENCE

P

09/20/2006

Electronic Signature of Signing Officer or Director

Date