

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 10, 2007  
Secretary of State**

DOCUMENT# N06000005330

Entity Name: CELEBRATION COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

690 CELEBRATION AVENUE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

690 CELEBRATION AVENUE  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 20-8971083      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARSEN, RICHARD E ESQ.  
55 EAST PINE STREET  
ORLANDO, FL 32801 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: RICHARD E. LARSEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MS ( ) Change (X) Addition  
Name: EISSINMANN, ALEX  
Address: 1239 CELEBRATION AVE.  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MR ( ) Change (X) Addition  
Name: KASZUBINSKI, DAVE  
Address: 1211 STONECUTTER DR. #201  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MR ( ) Change (X) Addition  
Name: MCDONALD, DON  
Address: 402 IRIS ST.  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MS ( ) Change (X) Addition  
Name: LIZASUAIN, TWIS  
Address: 2601 E. IRLO BRONSON MEMORIAL HIGHWAY  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MS ( ) Change (X) Addition  
Name: RESENDEZ, JENNIFER  
Address: 1925 E. IRLO BRONSON MEMORIAL HWY.  
City-St-Zip: KISSIMMEE, FL 34744 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARNIE SCHUBERT

MS

10/10/2007

Electronic Signature of Signing Officer or Director

Date