

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000000312

1. Entity Name  
CELESTIAL GATES OF LOVE, INC.



Principal Place of Business  
1000 VALENTINA DRIVE  
DUNDEE, FL 33838

Mailing Address  
PO BOX 886  
DUNDEE, FL 33838

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12012008 REIN-NP

CR2E099 (1707)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAISINGH-MCCALLA, RUBY  
1000 VALENTINA DRIVE  
DUNDEE, FL 33838

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2009, Fee will be \$297.50

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  
P  
JAISINGH-MCCALLA, RUBY  
1000 VALENTINA DRIVE  
DUNDEE, FL 33838 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300139228823  
12/23/08--01015--004 \*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MCCALLA, ROHAN G  
1000 VALENTINA DRIVE  
DUNDEE, FL 33838 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
Jm 12/22

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CAMPBELL, ANNETTE  
PO BOX 393  
LAKE HAMILTON, FL 33851 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/08 914-482-2370

FILED

08 DEC 22 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12012008 REIN-NP

CR2E099 (1707)