

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 SEP 28 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

193 000000171

1. Corporation Name

Celebrity Charitable Events
Inc.

100004625391--9

-10/05/01--01075--003

****236.25 ****236.25

2. Principal Office Address

166 AIA North

3. Mailing Office Address

1044 Ponte Vedra

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra, FL

City & State

Ponte Vedra, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1 13 93

5. FEI Number

593198687

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name

James R. Stockton III

Street Address (P.O. Box Number is Not Acceptable)

1044 Ponte Vedra Blvd.

Suite, Apt. #, Etc.

City

Ponte Vedra

State

FL

Zip Code

32082

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/27/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	James R. Stockton III	1044 Ponte Vedra Bl.	Ponte Vedra, FL 32082
D	Brad Bellingrath	1044 Ponte Vedra Bl.	Ponte Vedra, FL 32082
D	Tim Williamson	1044 Ponte Vedra Bl.	Ponte Vedra, FL 32082
D	Mark Handbury	1044 Ponte Vedra Bl.	Ponte Vedra, FL 32082
D	Mark Olsen	395 Power Chapel Rd.	Villa Rica, GA 30180

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/01

Date

(904)
2857083

Daytime Phone #

CR2ED01 (9/00)