

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000049689**

1. Corporation Name

**CELEBRATIONS UNLIMITED, INC.**

Principal Place of Business

Mailing Address

4646 DOMESTIC AVE  
STE 102  
NAPLES FL 34104

4646 DOMESTIC AVE  
STE 102  
NAPLES FL 34104

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State

City & State

Naples FL  
34119 CSA

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
to Do Business in Florida

05/15/2000

5. FEI Number

59-3092835

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BERRY, JON M	4646 DOMESTIC AVE #102	NAPLES FL 34104
VP	BERRY, KATHLEEN	441 CYPRESS WAY E 1688 Morning Sun Ln	NAPLES FL 34110 34119

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERRY, JON M

800 5TH AVE. SOUTH, SUITE 203  
NAPLES FL 34102-6616

Name

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

4646 DOMESTIC AVE

Suite, Apt. #, Etc.

102

City

Naples

State

FL

Zip Code

34104

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/2/03

11. 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)(i), 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

Date

Daytime Phone

10/2/03 239-732-4920

CR2E040 (7/03)

OCTOBER 1, 2003

To Whom It May Concern:

We recently received information that our incorporation papers had not been renewed for the 2003 year.

At that time the president of our corporation called your office to investigate this matter.

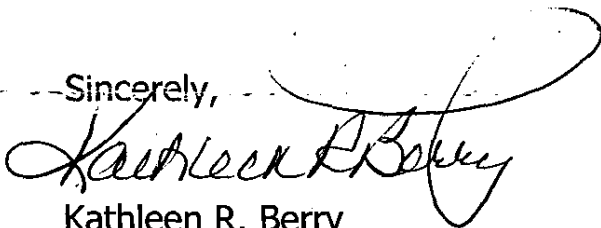
After further discussion it was discovered that the required paperwork had not been received in our office. (There is a discrepancy in the mailing address.)

We were at this time informed that we could send in a letter stating this information with our check for \$150.00. Also please find our reinstatement papers.

We are asking if our incorporation papers can now be reinstated and that our late fee be waived based on the information stated above.

Please verify mailing address of 1688 Morning Sun Lane, Naples, Florida, 34119.

Sincerely,



Kathleen R. Berry  
Vice President  
Celebrations Unlimited  
1688 Morning Sun Lane  
Naples, Florida 34119  
(239) 213-9920