

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 OCT 23 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035733

1. Corporation Name

CELEBRATION REALTY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

660 CELEBRATION AVE  
STE 110  
ORLANDO FL 32836

660 CELEBRATION AVE  
STE 110  
ORLANDO FL 32836

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

04/09/2001

5. FEI Number

59-3708511

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
D	LIGHTSEY, JOHN T JR.	9750 BOHART COURT	ORLANDO FL 32836

300024057093  
10/23/03--01084--029 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIGHTSEY, ALTON L  
808 S. DENNING DR.  
WINTER PARK FL 32789

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

10/15/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

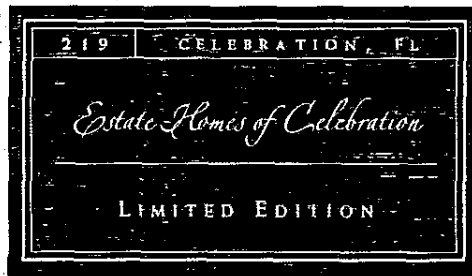
Daytime Phone #

JOHN T. LIGHTSEY

10/15/03

407 566-2260

CR2EQ40 (7/03)



October 20, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs:

Please reinstate Celebration Realty Associates to active status. We would also request that you waive the reinstatement fee because we did not receive the two prior Uniform Business Report (UBR) Notices (possibly because of an incorrect Zip Code).

Should you have any questions or need further information, please call me at 407-655-2260.

Thank you.

John T. Lightsey  
President