

PO2000028908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

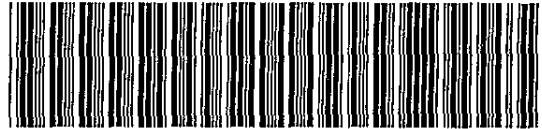
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Smith AUG 24 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REUNION Events, Inc
(Name of Corporation)

DOCUMENT NUMBER: P 02 000 028 908

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN BOTTORFF
(Name of Person)

Reunion Events, Inc
(Name of Firm/Company)

58 6th Street NE 2108
(Address)

Atlanta, GA 30308
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Bottorff at (404) 249-17325
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Brian Bottorff, hereby resign as DPST
(Title)

of Reunion Events Inc.
(Name of Corporation)

PO2000028908, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Brian C Bottorff
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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