

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -7 PM 2:54

DOCUMENT # P02 000028908

1. Corporation Name

Reunion Events, Inc.

REINSTATEMENT

05-06

2. Principal Office Address

210 E GARDEN ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1272

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

Country

32502 United St.

Zip

Country

32591-1272 United St.

4. Date Incorporated or Qualified
To Do Business in Florida

3-15-02

5. FEI Number

010665294

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Johnny Chisholm

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

210 E GARDEN ST

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32502

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-2-06

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
<u>Pres</u>	<u>Johnny Chisholm</u>	<u>P.O. Box 1272</u>	<u>Pensacola FL 32591</u>

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 contained in Chapter 119, 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

11/2/06 850-433-7499

Daytime Phone #

2 of 2

JOHNNY CHISHOLM, REUNION EVENTS, INC

210 East Garden St
Pensacola Florida 32402
Phone (850) 433-7499
Fax (850) 437-5899
Johnnychisholm@aol.com

November 2, 2006

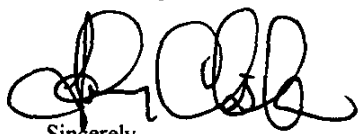
Florida Dept of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee Florida, 32301

Dear Sirs,

This letter is to inform you that our corporation did not receive our annual report notices in the year 2005-2006. Unfortunately, we were victims of hurricanes Ivan, Dennis and Katrina. As you will see in the updated paperwork, some of the address information has changed. We also have lost valuable staff members who may have had the answers to some of our questionable paperwork.

Enclosed you will find a check for the Annual Report Fee and the Corporate Supplemental Fee. Also the required paperwork to be reinstated as active is enclosed.

Please notify us if we need to send any other information.



Sincerely,
Johnny Chisholm
Reunion Events Inc