

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 DEC 14 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092495

1. Entity Name
CELEBRITY SCULPTURES INC.



Principal Place of Business
3101 SW 34 AVENUE
SUITE 905119
OCALA, FL 34474

Mailing Address
3101 SW 34 AVENUE
SUITE 905119
OCALA, FL 34474

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 12/11/07

4. FEI Number
51-0422077

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALARA, JOSEPH A
3101 SW 34 AVENUE
SUITE 905119
OCALA, FL 34474

NAME

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$800.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
MALARA, JOSEPH A
3101 SW 34 AVENUE, 905119
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600113156076
12/14/07--01037--001 **750.00

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/07

352-895-6567

Date Daytime Phone #