

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR -3 PM 4:55

DOCUMENT # P040000 63831

1. Corporation Name

CelebrationStore.biz, Inc

2. Principal Office Address - No P.O. Box #

875 Lake Orchid Circle

Suite, Apt. #, etc.

City & State

Vero Beach

Zip

32962

Country

USA

3. Mailing Office Address

875 Lake Orchid Circle

Suite, Apt. #, etc.

City & State

Florida

Zip

32962

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

16 Apr 2004

5. FEI Number
20-1007274

☐ 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

Kristine Morley

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

875 Lake Orchid Circle

Suite, Apt. #, Etc.

City

Vero Beach

State
FL

Zip Code
32962

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
P	Kristine Morley	875 Lake Orchid Circle	Vero Beach/Florida/32962
S	Kristine Morley	875 Lake Orchid Circle	Vero Beach/Florida/32962

REINSTATEMENT

100119265561
03/03/08--01029--014 **750.00

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:

Kristine Morley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08

Date

857-891-2934

Daytime Phone #