PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 12 AM 11:18

DOCUMENT # P06000097707

1. Corporation Name

Ce-Bett Properties, Inc

REINSTATEMENT 11-13

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
585 Cross Creek Trial	585 Cross Creek Trial
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gibsonville, NC	City & State: Gibsonville, NC
Zip: 27249 Country: USA	Zip: 27249 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/25/2006

5. FEI Number: 20-5363447 ☐ 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: Joan Stremel

Street Address (P.O. Box Number is Not Acceptable): 1880 S. Ocean Drive TS #605 W

Suite, Apt. #, Etc.:

City: Hallandale Beach, FL State: FL Zip Code: 33009

000245621830
03/12/13--01023--009 **1050.00

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: _____ Date: 2/14/13

REGISTERED AGENT MUST SIGN

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
ST/D	Joan Stremel	1880 S Ocean Dr TS #605 W	Hallandale Beach, FL 33009
P/D	John R Schwarz	585 Cross Creek Trail	Gibsonville, NC 27249
			MAR 13 2013
			T. CAULEY

10. E-mail Address: JSTR935386@aol.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: JOAN STREMEL _____ Date: 2/14/13 754-263-3649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #