PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secr	PARTMENT OF STATE retary of State of Corporations	09 MAY 11 AM 10: 10
DOCUMENT # P060C	012575	Ь	SEURETARY OF STATE FALLAHASSEE, FLORIDA
CelebEvents, Inc.			
2. Principal Office Address - No P.O. Box # 16201 Quiet Vista Circle	3. Mailing Office 16201 Quiet		200155774532
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10/02/2006
City & State Delray Beach, FL	City & State Delray Beach	ı, FL	5. FEI Number Applied For 11-3791955 Not Applied be
Zip Country 33446 USA	Zip 33446	Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status
7. Name and Addres	s of Current Registered	d Agent	
Name Edward J. Rappaport		•	☐ The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable) 6600 N. Andrews Avenue		circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not	
Suite, Apt. #, Etc. Suite 130		•	received and requesting the reinstatement fee be waived.
^{City} Ft. Lauderdale		State 33309	r lee be walved.
8. I, being appointed the registered agent of the	above named corporation	n, am familiar with and accept th	he obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent Supply	REGISTERED AGENT	MUST SIGN	Date 3/20/09
9. Names and Street Addresses of Each Officer	and/or Director (Florida	nonprofit corporations must list a	at least 3 directors)
Titles Name of Officers and/or Direct	ors	Street Address of E Officer and/or Dire	
Pres Prinses Hemphill	83	306 Wiltshire Blvd. #17	Beverly Hills, CA 90211
VP Danisha Rolle	16	201 Quiet Vista Circle	Delray Beach, FL 33446
Sec Pamela Walker	98	32 Tralee Ct	Gurnee, IL 60031
		D 1	
		775/13	
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 filling 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:			