

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 APR 25 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600189427426  
04/25/11--01053--003 \*\*308.75  
600189427426  
01/04/11--01049--004 \*\*600.00

CR2B081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 07/15/2008

5. FEI Number  
264149124

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

DOCUMENT # P08000069160

1. Corporation Name

Pristine Events & Promotions, Inc.

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

1401 33rd Street East

3. Mailing Office Address

1401 33rd Street East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto, Florida

City & State

Palmetto, Florida

Zip

34221

Country

USA

Zip

34221

Country

USA

7. Name and Address of Current Registered Agent

Name

Kimberly Shannon Smith

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

1401 33rd Street East

Suite, Apt. #, Etc.

City

Palmetto

State

FL

Zip Code

34221

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 December 29, 2010

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	Kimberly Shannon Smith	1401 33rd Street East	Palmetto, FL 34221

10. E-mail Address: pristineevents@hotmail.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., 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.

SIGNATURE:

Kimberly Shannon Smith

Kimberly Shannon Smith

12-29-10

941-782-7024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #