

APPLICATION

FOR 94-97
REINSTATEMENT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 APR -9 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000012188

1. Corporation Name

CELESTE INDUSTRIES, INC.

Principal Place of Business

Mailing Address

124 COMMERCE WAY
SANFORD, FL 32771

124 COMMERCE WAY
SANFORD, FL 32771

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable 124 COMMERCE WAY Suite, Apt. #, etc		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc		4. Date Incorporated or Qualified To Do Business in Florida 2/12/93	
City & State SANFORD, FL		City & State		5. FEI Number 59-3183618	
Zip 32771		Country USA		Applied For Not Applicable	
Zip 32771		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SR 70 - Add to cost of fee request of Florida Certificate of Status</small>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
ALL OFFICE	MICHAEL W. EDWARDS	25311 N. LAKE DRIVE	SANFORD, FL 32773

600002140816--0
04/11/97 01090 014
*****8.75 *****8.75

REINSTATEMENT 94-97

A. Alan
4/9/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHAEL W. EDWARDS
25311 N. LAKE DRIVE
SANFORD, FL 32773

Name THOMAS F. FORSYTH	
Street Address (P.O. Box Number is Not Acceptable) 2467 FALMOUTH RD.	
Suite, Apt. #, Etc.	
City MAITLAND	State FL
	Zip Code 32751

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date 4/8/97

600002140816--0
04/11/97 01090 015
*****1245.00
(See Section 199.032 on intangible tax)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

12. 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 under section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL W. EDWARDS
Date 4/8/97
Daytime Phone # 407-324-9400