

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000046005

1. Corporation Name

CELEBRATIONS OF PLANTATION, INC.

FILED

97 MAY 27 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

200 SOUTH BISCAYNE BLVD.  
SUITE 2100  
MIAMI FL 33131

200 SOUTH BISCAYNE BLVD.  
SUITE 2100  
MIAMI FL 33131



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

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/14/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEJ Number

Applied For

Not Applicable

City & State  
Plantation, FL

City & State  
Plantation, FL

650590090

Zip  
33322

County  
Broward

Zip  
33322

County  
Broward

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4        |
|---------------|---|--|--------------------------------|
| D             | KOZIK, STEVE                              | <del>8300 W. SUNRISE BLVD.</del>   | <del>PLANTATION FL 33322</del> |
| D             | RAPP, MICHAEL                             | 8300 W. Sunrise Blvd   | Plantation FL 33322            |
|               |   |  |                                |
|               |   |  |                                |
|               |   |  |                                |
|               |   |  |                                |
|               |   |  |                                |
|               |   |  |                                |

500002199825-2  
-06/03/97-01067-002  
\*\*\*\*923.75 \*\*\*\*923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEINER, PETER N  
200 SOUTH BISCAYNE BLVD.  
SUITE 2100  
MIAMI FL 33131

Name

PATTI RAFF

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

8300 W. SUNRISE BLVD.

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33322

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

Patti Raff

REGISTERED AGENT MUST SIGN

Date

12/26/96

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

(See other side for information  
on intangible tax.)

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

Michael Rapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/97 (954) 236-3896

Date

Daytime Phone #