


2005 Report Returned by P.O.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000047551			
1. Corporation Name Celestial Secrets, Inc.			
2. Principal Office Address 17532 Willow Pond Dr Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State Lutz, FL		City & State	
Zip 33549	Country Hillsborough	Zip	Country

FILED

05 DEC 13 PH 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000-2005 Reinst

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 5/26/98	
5. FEI Number 65-0853438	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Victoria Hicks			
Street Address (P.O. Box Number is Not Acceptable) 17532 Willow Pond Drive		100062116591 12/13/05--01038--005 **900 00	
Suite, Apt. #, Etc.			
City Lutz		State FL	Zip Code 33549

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

Victoria Hicks

Date 12/8/05

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
D, P, VP	Victoria Hicks	17532 Willow Pond DR	Lutz, FL 33549

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 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)(f), 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:

Victoria Hicks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/05

Date

Daytime Phone #

Victoria Hicks, President