PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 21 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V49880 (0)

**1.** Corporation Name
CHRISTMAS VENTURES, INC.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 350 5TH AVE S | |
| Suite, Apt. #, etc.: 200 | Suite, Apt. #, etc. |
| City & State: NAPLES FL | City & State |
| Zip: 33940 Country: USA | Zip Country |

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04/21/03--01040--008 **2143.75

**4.** Date Incorporated or Qualified To Do Business in Florida: JULY 10, 1992

**5.** FEI Number: 65-0348827 ☐ Applied For ☐ Not Applicable

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

**7.** Name and Address of Current Registered Agent

Name: Marylin D. Nelsen
Street Address (P.O. Box Number is Not Acceptable): 2614 N. Tamiami Trail
REINSTATEMENT 94-03
Suite, Apt. #, Etc.: Suite 436
City: NAPLES State: FL Zip Code:

**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: Marylin D. Nelsen Date: 4-12-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|
| PRES/SEC'Y | MARYLIN D. NELSEN | 2614 N Tamiami TR Suite 436 | NAPLES FL 34103-4405 |
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**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)(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:** Marylin D. Nelsen 4-12-03 239 261-2960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #