

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002490

**FILED**  
**Sep 20, 2006**  
**Secretary of State**

**Entity Name:** A CELEBRATION OF FRIENDS, INC.

**Current Principal Place of Business:**

1536 SW 29TH STREET  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

4527 28TH AVENUE N  
SAINT PETERSBURG, FL 33713

**Current Mailing Address:**

1536 SW 29TH STREET  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

11357 CREEL CIRCLE  
GULFPORT, MS 39503

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LAFONTAINE, MARK J  
3042 N. FEDERAL HIGHWAY  
SUITE 205  
FORT LAUDERDALE, FL 33306 US

**Name and Address of New Registered Agent:**

LAFONTAINE, MARK J  
816 NW 28TH STREET  
WILTON MANORS, FL 33311 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK LAFONTANE

09/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PENCE, THOMAS  
Address: 11357 CREEL CIRCLE  
City-St-Zip: GULFPORT, MS 39503

Title: T ( ) Delete  
Name: OVERSTREET, CHARLES  
Address: 1944 PIEDMONT CIRCLE NE, #116  
City-St-Zip: ATLANTA, GA 30324

Title: S ( ) Delete  
Name: KENNEDY, CHUCK  
Address: 1943 NE 6TH COURT, APT J100  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: PENCE, THOMAS  
Address: 11357 CREEL CIRCLE  
City-St-Zip: GULFPORT, MS 39503

Title: VP (X) Change ( ) Addition  
Name: DERBY, BILL  
Address: 4527 28TH AVENUE N  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PENCE

P

09/20/2006

Electronic Signature of Signing Officer or Director

Date