PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT			\$	DEPART Secretary SION OF CO	of S				07 APR	FILED RIG AMII: 19	
DOCUMENT # F9600001419 1. Corporation Name										The state	ASSE, FLORIDA	
Party City Corporation								=		_	1096 311 **308.75	
2. Principal Office Address - No P.O. Box # 25 Green Pond Road 25 Gr					een Pond Road			וןוי	REINCTA 06-07 CR2E081 (1/07)			
				Suite, Apt. #, etc. Suite #1				L	Date Incorporated or Qualified To Do Business in Florida 03/20/1996			
				City & State Rockaway, NJ				7.2	223033692 Applied For Not Applicable			
^{zio} 0786	66 ÜSA		Á	^ℤ 07866		USA		6	CERTIFICATE	TIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent												
CT Corporation									The reinstatement fee is imposed, except in			
1200 South Pine Island Road									circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
Suite, Apt. #, Etc.												
Plantation						State 33324			fee be waived.			
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									Date			
9. Names	s and Street A	ddresses	of Each Officer and	or Director (Fix	rida nonpro	fit corp	orations must list at	t least	3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Eacl Officer and/or Directo			ach		City	/ State / Zip		
President	Lisa Laube				25 Green Pond Road - Suite #1			uite #1	Rockawa	y, NJ 07866		
Secretary	Joseph J. Zepf				25 Green Pond Road - Suite #1			uite #1	Rockawa	y, NJ 07866		
Chairman	Robert Small Muley				One Boston Place			e	Boston, N	ЛА 02108		
Director	Greg	Melnick	25 Green Pond Road - Suite #1			uite #1	Rockawa	y, NJ 07866				
Director	Gera	ittenber	80 Grasslands Road			oad	Elmsford, NY 10523					
Director	Jame	arrison	80 Grasslands Road			oad	Elmsford, NY 10523					
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 filling 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same length energy length effect as it made under oath. Vice President. General Counsel												
SIGNATURE: and Secretary 4/11/07 (973) 453-8663 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daysime Phone #												