


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAR 25 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006300

1. Corporation Name
Factory Card Outlet of America Ltd., Inc.

2. Principal Office Address
2727 W. Diehl Road

3. Mailing Office Address
2727 W. Diehl Road

Suite, Apt. #, etc.

City & State
Naperville, IL

Zip Country
60563 USA

REINSTATEMENT 2001-2002

4. Date Incorporated or Qualified To Do Business in Florida 07/18/1997

5. FEI Number 36-3387269 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 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street

Suite, Apt. #, Etc.

City Tallahassee State FL Zip Code 32301

300005154433-0

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 James D. Constantine Date 3/22/02

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
P	<u>Gary Rada</u>	<u>2727 W. Diehl Road</u>	<u>Naperville, IL 60563</u>
V	<u>James Constantine</u>	<u>2727 W. Diehl Road</u>	<u>Naperville, IL 60563</u>

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: James D. Constantine 3/20/02 630.579.2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 489260 5054276

AUTHORIZATION

Patricia Pizeto

COST LIMIT : \$ 908.75

ORDER DATE : March 22, 2002

ORDER TIME : 12:46 PM

ORDER NO. : 489260-005

CUSTOMER NO: 5054276

CUSTOMER: Mr. Alan Hemminger
Factory Card Outlet Of America
2727 Diehl Road

Naperville, IL 60563

REINSTATEMENT

NAME: FACTORY CARD OUTLET OF AMERICA
LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____

RECEIVED
02 MAR 25 PM 1:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA