


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 JAN -6 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000066643

**1. Corporation Name**  
 AIRSTAR LIGHTING BALLOONS USA, INC

REINSTATEMENT 00-03

<b>2. Principal Office Address</b> 11100 ASTRONAUT BLVD.		<b>3. Mailing Office Address</b> 11100 ASTRONAUT BOULEVARD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> ORLANDO, FL		<b>City &amp; State</b> ORLANDO, FL	
<b>Zip</b> 32837	<b>Country</b> USA	<b>Zip</b> 32837	<b>Country</b> USA

**4. Date Incorporated or Qualified To Do Business in Florida** 8/01/97

**5. FEI Number** 59-3467048 **Applied For**  **Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED**  **\$8.15 Additional Fee required for a Certificate of Status**

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

**Name** MARIO A. GARCIA, PA

**Street Address (P.O. Box Number is Not Acceptable)** ONE SOUTH ORANGE AVENUE

**Suite, Apt. #, Etc.** 401

**City** ORLANDO

**State** FL **Zip Code** 32801

900009872729

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 617.6503, F.S.**

**Signature of Registered Agent** Mario A. Garcia **Date** 1/3/03

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	PETERS, DAVID, S	11100 ASTRONAUT BLVD.	ORLANDO, FL 32806
VD	PRITCHARD, DEAN	PO BOX 10519	FT. WORTH, TX 76185
T	BEYLIER, BENOIT	11100 ASTRONAUT BLVD.	ORLANDO, FL 32806

**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 807 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 807.0401 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:** [Signature] **Date** 1-02-03 **Daytime Phone #** 407-851-7839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR22661 (8/01)



ACCOUNT NO. : 072100000032  
 REFERENCE : ~~880515~~ 80490A  
 AUTHORIZATION : *Patricia Pignato*  
 COST LIMIT : \$1,200.00

ORDER DATE : January 6, 2003  
 ORDER TIME : 10:40 AM  
 ORDER NO. : 880515-005  
 CUSTOMER NO: 80490A  
 CUSTOMER: Mario A. Garcia, Esq  
 Mario A. Garcia, P.a.  
 Suite 401  
 One South Orange Avenue  
 Orlando, FL 32801

RECEIVED  
 03 JAN -6 AM 11:52  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: AIRSTAR LIGHTING BALLOONS  
 USA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Darlene Ward, Ext. 1135  
 EXAMINER'S INITIALS \_\_\_\_\_