

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 AUG -5 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 94000005124

1. Corporation Name

Party Land of Pennsylvania

900006876089--1

-08/08/02--01056--008

****900.00 ****900.00

2. Principal Office Address

5215 Militia Hill Rd.

3. Mailing Office Address

5215 Militia Hill Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plymouth Meeting, PA

City & State

Plymouth Meeting, PA

Zip

19462

Country

USA

Zip

19462

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/7/94

5. FEI Number

23-2452529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

The Prentice Hall Corporation System, Inc.

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

Susan P. Rosenthal, authorized
REGISTERED AGENT MUST SIGN

Date

7/15/02

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
	Plese see attached page		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/10/02 610-941-6200

Daytime Phone #

CR2E081 (9/01)

8/5/02