

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

Suite, Apt. #, etc.

City & State

Naperville, IL

Zip

60563

Country

USA

3. Mailing Office Address

2727 W. Diehl Road

Suite, Apt. #, etc.

City & State

Naperville, IL

Zip

60563

Country

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

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
REGISTERED AGENT MUST SIGN

Date

3/22/02

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
P	Gary Rada	2727 W. Diehl Road	Naperville, IL 60563
V	James Constantine	2727 W. Diehl Road	Naperville, IL 60563

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02
Date

630-579-2000
Daytime Phone #

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 489260 5054276

AUTHORIZATION

COST LIMIT : \$ 908.75

Patricia Pigute

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 CONCORDANCE
CLASSIFIED
V000074