

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 25 AM 9: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500117728995
02/11/08--01052--022 **516.25

CR2E041 (12/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOS 000069888

1. Limited Liability Company's Name

over the top Party/Events, LLC

2. Principal Office Address - No P.O. Box #

10438 NW 31 Ter. Doral, FL

Suite, Apt. #, etc.

n/a

City & State

Doral, FL

Zip

33172

Country

USA

3. Mailing Office Address

10438 NW 31 Ter. Doral, FL

Suite, Apt. #, etc.

n/a

City & State

Doral, FL

Zip

33172

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

7/15/2005

6. FEI Number

26-1916759

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jessica Noguez

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

100 Alameda Ave.

Suite, Apt. #, Etc.

#302

City

Doral, FL

State

FL

Zip Code

33134

☐ A \$100 reinstatement fee is imposed, except
in 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/7/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Lissette Djeda	10438 NW 31 Ter. Doral, FL 33172	Doral, FL 33172
MEM	Jennifer Noguez	10438 NW 31 Ter. Doral, FL 33172	Doral, FL 33172
MEM	Silvia Noguez	10438 NW 31 Ter. Doral, FL 33172	Doral, FL 33172
MEM	Alexis Santamaria	10438 NW 31 Ter. Doral, FL 33172	Doral, FL 33172
		REINSTATEMENT	<u>06-08</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Lissette Djeda

Date

2/7/2008

Daytime Phone #

784-399-2832

Typed or printed name of signing Managing Member/Manager

Lissette Djeda