

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -6 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000000174

1. Corporation Name

The Family Party, Inc.

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

17207 Hwy 41

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1819

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Land O'Lakes, FL

Zip

34610

Country

US

Zip

34639

Country

US

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 01/05/2005

5. FEI Number

☐ 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

Myles A. Friedland

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

17207 Hwy 41

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34610

☐ The 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 reinstatement fee be waived.

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

Myles A. Friedland
REGISTERED AGENT MUST SIGN

Date 12/23/09

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/D	Myles A. Friedland	17207 Hwy 41	Spring Hill, FL 34610

REINSTATEMENT

RA

400104682134
01/06/10--01010--006 **428.75

10. E-mail Address: rmcgough@johnrains.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Myles A. Friedland

Myles A. Friedland

12/23/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #