

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



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

**FILED**  
05 JAN 12 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000026894**

1. Corporation Name  
**JANCAR PARTY RENTAL CORPORATION**

2. Principal Office Address <b>900 WEST 49 STREET</b>		3. Mailing Office Address <b>900 WEST 49 STREET</b>	
Suite, Apt. #, etc. <b>310</b>		Suite, Apt. #, etc. <b>310</b>	
City & State <b>HIALEAH, FLORIDA</b>		City & State <b>HIALEAH, FLORIDA</b>	
Zip <b>33012</b>	Country <b>USA</b>	Zip <b>33012</b>	Country <b>USA</b>

**REINSTATEMENT** 01-05

4. Date Incorporated or Qualified To Do Business in Florida **03/15/2000**

5. FEI Number **65-0996540** 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  
**MONICA GONZALEZ-QUEVEDO**

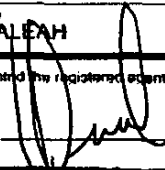
Street Address (P.O. Box Number is Not Acceptable)  
**900 WEST 49 STREET**

Suite, Apt. #, Etc.  
**310**

City  
**HIALEAH**

State **FL** Zip Code **33012**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

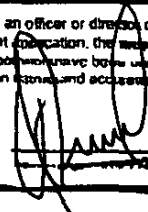
Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** Date **01/11/2005**

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
PD	MONICA GONZALEZ-QUEVEDO	900 WEST 49 STREET SUITE # 310	HIALEAH, FL 33012

100045660471  
01/31/05--01017--014 \*\*750.00

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 817, 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 817.0401, 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)(D), 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:**  **REGISTERED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2681 (01/05)

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