

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 31 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000033037

1. Corporation Name

A PERFECT PARTY CREATION, INC

2. Principal Office Address

16331SW 10th ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33027

Country

BROWARD

3. Mailing Office Address

SAME AS 2

Suite, Apt. #, etc.

City & State

same as 2

Zip

SAME AS 2

Country

SAME AS 2

4. Date Incorporated or Qualified  
To Do Business in Florida

APRIL-2 2001

5. FEI Number

65-1091636

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

ESMERALDA RABADAN

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

7020 NW 173rd DRIVE

Suite, Apt. #, Etc.

UNIT 502

City

MIAMI, FLORIDA

State

FL

Zip Code

33015

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

*Esmeralda Rabadan*  
REGISTERED AGENT MUST SIGN

Date 3/19/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| P.T.   | RUTH MARTIN AVILES                   | 16331 SW 10th ST                                  | PEMBROKE PINES FL 33027 |
| VP.S   | ESMERALDA RABADAN                    | 7020 NW 173rd Drive U502                          | MIAMI, FL 33015         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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

*Esmeralda Rabadan*

Esmeralda Rabadan 3/19/04

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 512-3222

CR2ED81 (01/04)