

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

REINSTATEMENT 02-04

DOCUMENT # PO1000033037

1. Corporation Name

A PERFECT PARTY CREATION, INC

2. Principal Office Address

16331SW 10th ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS 2

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

same as 2

Zip

33027

Country

BROWARD

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 Officers and/or Directors	Street Address of Each 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

305 512-3222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (01/04)