

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000059330**

1. Corporation Name

**A TOTAL PARTY RENTAL, INC.**

Principal Place of Business

10121 N.W. 127TH TERRACE  
HIALEAH GARDENS FL 33018

Mailing Address

10121 N.W. 127TH TERRACE  
HIALEAH GARDENS FL 33018

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 03



900021480429

11/05/03-01042-015 \*\*\*158.75

4. Date Incorporated or Qualified  
To Do Business in Florida

06/14/2001

5. FEI Number

01-0748667

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	GONZALEZ, ADRIAN	10121 NW 127 TERRACE	HIALEAH GARDENS FL 33018
VPO	GONZALEZ, ELIEN	10121 NW 127 TERRACE	HIALEAH GARDENS FL 33018

8. Name and Address of Current Registered Agent

GONZALEZ, ADRIAN  
10121 NW 127 TERRACE  
HIALEAH GARDENS FL 33018

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/24/03

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 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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/03 786-306-5380

CR2E040 (7/03)

**J.R. FERREIRO, JR., P.A.**

**Certified Public Accountant**  
**7911 N.W. 72 Avenue, Suite 223-A**  
**Medley, Florida 33166**  
**Tel.: (786) 337-6918 Fax: (786) 337-6319**

**October 24, 2003**

**Florida Department of State**  
**Uniform Business Report**  
**409 East Gaines Street**  
**Tallahassee, FL 32399**

**RE: A Total Party Rental, Inc.**

**Doc# P01000059330.**

**Dear Sirs:**

**Enclosed is 2003 Uniform Business Report for the above referred to taxpayer , with check no. 1110 in the amount of \$158.75, from the A Total Party Rental, Inc. to pay for the Uniform Business Report. A Total Party Rental, Inc. never received the original annual report. Please waived all penalties on this matter.**

**If you required any other information please, do not hesitate to contact this office at 786-337-6918.**

**Thank You,**

  
**Isabel V. Ferreiro**