PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 13 AM 9:21

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000076637

1. Corporation Name

VANITY EVENTS, INC.

REINSTATEMENT 03-04

12/19/03 01055-016 $150.00

2. Principal Office Address	3. Mailing Office Address
52 WEST OAKLAND PARK Blvd.	52 W. OAKLAND PARK Blvd.
Suite, Apt. #, etc. PMB #232	Suite, Apt. #, etc. PMB. #232
City & State WILTON MANORS, FL	City & State WILTON MANORS, FL
Zip 33311 Country USA	Zip 33311 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/3/2001

5. FEI Number 01-0666720 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: WILLIAM D. Petrillo

700026612577
01/09/04--01060--022 **150.00

Street Address (P.O. Box Number is Not Acceptable): 400 SE 8th Street

Suite, Apt. #, Etc.:

City: FORT LAUDERDALE State: FL Zip Code: 33316

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: [signature] REGISTERED AGENT MUST SIGN Date: 1-6-04

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
Pres.	JASON M. GEE	171 NW 75th TERRACE	PLANTATION, FL 33317
VP	RENEE M. JAQVITH	171 NW 75th TERRACE	PLANTATION, FL 33317

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: Jason M. Gee Jason M. Gee 12/9/2003 954-804-3069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (10/02)