

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 OCT 27 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000028943**

1. Corporation Name

**M & C PARTY SUPPLIES INC.**

Principal Place of Business

2484 SW 17TH AVENUE  
MIAMI FL 33145

Mailing Address

2484 SW 17TH AVENUE  
MIAMI FL 33145

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/2002

5. FEI Number

04-3621031

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CASTANO, MAURICIO	9827 NW 7 AVE 2484 SW 17 AVE.	MIAMI FL 33150-33145

300024164583

10/27/03--01049--014 \*\*150.00

8. Name and Address of Current Registered Agent

CASTANO, MAURICIO  
2484 SW 17TH AVENUE  
MIAMI FL 33145

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

Date

REGISTERED AGENT MUST SIGN

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

MAURICIO CASTANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

**LESLIE E. DOLIN PA, CPA**

5285 SW 38 AVE.  
FT. LAUDERDALE, FL 33312

Phone 954-965-4666

Fax 954-965-4665

October 23, 2003

Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: M & C Party Supplies Inc.

Dear Sir or Madam:

Please find enclosed the 2003 Annual Report for the above corporation along with a check for \$150 payable to you for the annual filing fee.

On behalf of the above corporation I hereby request that you reinstate them to active status and waive the late filing and reinstatement penalties required for reports filed after May 1, 2003. I was recently hired as the accountant for this corporation and was informed by the owner/president Mauricio Castano neither mailing of the report was received by him. Further, Mr. Castano was out of the state most of the year on company business. Upon discovering he was delinquent in filing the report and realizing the corporation had been dissolved, Mr. Castano immediately advised me of the situation and I am herewith attempting to resolve this matter in the best and fairest way possible considering the circumstances. Please note that the corporation is experiencing great financial difficulties and that any penalties imposed would cause undue hardship at this time.

Mr. Castano and myself appreciate your kindness and consideration in this matter.

Very truly yours,



LESLIE E. DOLIN, CPA