

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 000075623

1. Corporation Name

BRAZILIAN PARTY PRODUCTIONS, INC.

REINSTATEMENT 03-04

200031836782

04/05/04--01056--006 **300.00

2. Principal Office Address

1049 NE 37th St

Suite, Apt. #, etc.

3. Mailing Office Address

1049 NE 37th St

Suite, Apt. #, etc.

City & State

Ft. Laud - FL

City & State

Ft. Laud - FL

Zip

33334

Country

USA

Zip

33334

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/2002

5. FEI Number

16-1615124

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

CARLOS SALLES

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

1049 NE 37th Street

Suite, Apt. #: Etc.

City

Ft. Laud

State

FL

Zip Code

33334

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

3/29/04

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 |
|--------|--------------------------------------|--|----------------------------|
| PD | CARLOS SALLES | <u>1049 NE 37th St</u> <u>Ft. Laud - FL 33334</u> | <u>Ft. LAUD - FL 33334</u> |
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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: *

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 / 29 / 04

Date

(954) 709-5223

Daytime Phone #

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
C/O REINSTATEMENT DEPT
PO BOX 6327
TALLAHASSEE, FL 32314

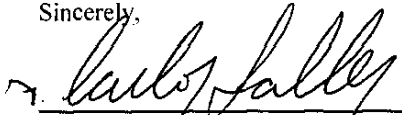
REF: P02000075623

Brazilian Party Production, Inc.

TO THE REINSTATEMENT DEPT:

Please pardon because I did not pay the annual report. It was because I never received the papers to send the money. I did not know we had to pay for it, next year I will be one of the first people to send in my annual report.

Sincerely,


Carlos Salles

03/29
04