

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 26 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 402000076933

1. Corporation Name

Balloon-atics of Miami, Inc

REINSTATEMENT 03-04

2. Principal Office Address

3531 SW 94th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 653805

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33165

Country

USA

Zip

33265-3805

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-15-02

5. FEI Number

77-0618741

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

5/30/03 90087 015 \$150.00

7. Name and Address of Current Registered Agent

Name

MARILYN CORREA-GUNTER

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

4300 SW 62 AVE

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33155

500031280355

03/26/04--01083--007 **901.00

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

Marilyn Correa-Gunter
REGISTERED AGENT MUST SIGN

Date

3/23/04

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:	TERESA RUPP	3531 SW 94 Avenue	Miami, FL 33165

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:

Teresa Rupp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESA RUPP

Date

3/23/04 305-303-5510

Daytime Phone #