2005 FOR PHOFIT CORPORATION REINSTATEMENT

REINSTATEMENT							LED		1
DOCUMENT # 502000076933						į Ž	لساسا سا		
1. Entity Name BALLOON-A-TICS OF MIAMI, INC.						06 HAY 1	5 /411:	49	
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Principal Plac		Mailing Address				lest	!	HOA	
3531 SW 94 AVE P 0 BOX 653805 . MIAMI, FL 33165 MIAMI, FL 33265-3805)5						
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2. Principal P	lace of Business SW 94 th Auguse	ONE							
3501 Suite, Apt.	t etc.	3. Mailing Adaptess 4 65 3805 Sulte, Apt. #, etc.			F1 6 33 - 3 .	BENG C	MFM a		· < 1/1
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Miami	Jorda	MIA JONIDA			4. FEI Number 77-061				iled For Applicable
33/65 COUNTY		33245- Count		5. Certificate		of Status Desired		75 Additi	ional
	6. Name and Address of Current	Registered Agent	istered Agent			Address of New F			
CORREA-GONZALEZ, MARILYN						· · · · · · · · · · · · · · · · · · ·			
4300 SW 62 AVE MIAMI, FL 33155				Street Adgress	(P.O. Box Numbe	er is Not Acceptable	e) 		
,									
				City			FL	Zip Code	
	named entity submits this statement to	r the purpose of changing its	register	ad office or registe	ered agent, or bo	th, in the State of Fi	orida. I am fami	liar with, a	nd accept
SIGNATURE.	Our Ke	\sim					11-2-1	-as	-
SIGNATURE.	Signature, typed or printed name of registered agent	and title it applicable. (NOT	TE: Register	ed Agent signature requi	ired when rainstating)		DATE		
FILI	E NOWIII FEE IS \$750.00								
After Jai	nuary 1, 2006, Fee will be \$900.0	00							
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF			
TITLE NAME	P RUPP, TERESA	Delete	TITL Nam				L	. Change	☐ Addition
STREET ADDRESS	3531 SW 94 AVE		STRE	ET ADDRESS					1
CITY-ST-ZIP	MIAMI, FL 33165		CITY	- ST- ZIP					
TITLE		Delete	TITL Nam					Change	☐ Addition
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NAME			NAM	ME BET ADORESS					1
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP					
12. I hereby	certify that the information supplied wit don this report or supplemental report	h this filing does not qualify f	or the exi	emption stated in S	Section 119.07(3)	(t), Florida Statutes	I further certify to eath; that i am a	that the inf	ormation or director
of the co	d on this report or supplemental report is proportion or the receiver or trustee empty, or on an attachment with an address,	owered to execute this repo with all other like empowere	rt as recu o.	ilred by Chapter 60	07, Fiorida Statut	es, and manny non	ile appeals il ai	OCK 10 OF	D.100
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SIGNA	TURE: Sheer	PRINTED NAME CERTAING OFFICE	R CR DIDE	croa	11/	07/05 Data	305-4	ne Phone I	100

Balloon-a-tics of Miami, Inc PO BOX 653805 MIAMI, FLORIDA 33265-3805 305-480-2810

1/30/06

Florida Department of State Division of Corporation PO BOX 6327 Tallahassee, FL 32314

Ref. No.:P02000076933

Dear Mr. Andy Dunlap,

In reply to your letter on November 29, 2005, once again I am requesting a consideratio in this matter. For reasons for which I am not aware of, correspondence seems to be directed to Marilyn-CorreaGonzalez.

This person filed for my corporation but has not even given me the corporation book, seal and not returned my numerous phone calls. Perhaps that is the reason the annual forms for corporation are not arriving or received by me.

Enclosed is check # 1092 for the amount of \$150.00 for re-instatement of Balloon-a-tics of Miami. Your attention in this matter will be greatly appreciated.

Cordially,

Teresa Rupp President