

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 18 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000095981

1. Corporation Name

Durango Party Time Inc.

2. Principal Office Address - No P.O. Box #

860 N KROME AVENUE

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33030

Country

USA

3. Mailing Office Address

860 N KROME AVENUE

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33030

Country

USA

**REINSTATEMENT** 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

09-14-2007

5. FEI Number  
54-2070541

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

Ana M Bustamante

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

860 N Krome Ave

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ana M. Bustamante

REGISTERED AGENT MUST SIGN

Date 03/09/2009

**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	ANA M BUSTAMANTE	860 N KROME AVE	HOMESTEAD FL 33030

700146065637  
03/18/09--01003--004 \*\*\*450.00

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 contained in Chapter 119, 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:

Ana M. Bustamante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/2009

Date

(305) 247-6776

Daytime Phone #