

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 24 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000116194

1. Corporation Name

It's Time for Party, Inc.

2. Principal Office Address

11201 SW 55 ST

Suite, Apt. #, etc.

Box 309

City & State

Miramar, FL

Zip

33025

Country

Broward

3. Mailing Office Address

11201 SW 55 ST

Suite, Apt. #, etc.

Box 309

City & State

Miramar, FL

Zip

33025

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/2002

5. FEI Number

83-03-39932

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

Lazaro T. Lorenzo

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

4464 NW 203 ST

Suite, Apt. #, Etc.

Opalocka

City

Opalocka

State

FL

Zip Code

33055

300024092673

10/24/03--01070--002 \*\*150.00

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

REGISTERED AGENT MUST SIGN

Date 10-22-2003

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
<u>owner</u>	<u>Lazaro T. Lorenzo</u>	<u>4464 NW 203 ST</u>	<u>Opalocka, FL 33055</u>

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:

Lazaro T. Lorenzo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-2003

Daytime Phone #

(305) 623-6545

21 10/28

**Lazaro T. Lorenzo**

11201 SW 55<sup>th</sup> Street

Box # 309

Miramar, Fl 33025

(305)623.6553

Fax (305)623.6553

October 22, 2003

Dear Sir, or Madam,

This letter is to inform that we are trying to get started on our small business, today I was trying to purchase insurance for our small business, we were notified by the Insurance agency that our Incorporation was inactive, they gave us a number which we called, and they told us to write a letter stating that we have not received any information requesting a payment for the sum of One hundred and fifty dollars. I will attach this letter to the reinstatement form that we got through your sunbiz.org web page. Please if there is anything else that I have left out I will be more than glad to cooperate so we can now get this small business on the road since last year we had no type of income. Thank you for time and have a blessed day.

Sincerely,  
Lazaro T. Lorenzo  
President

X



LSM/tl