

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000124995**

1. Corporation Name

**EXCLUSIVE PARTY DESIGNS, INC.**

Principal Office of Business

Mailing Address

**931 EAST 14 STREET  
HIALEAH FL 33010**

**931 EAST 14 STREET  
HIALEAH FL 33010**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/21/2002**

5. FEI Number

**02-0676356**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>P</b>	<b>ROJAS, LEYDA D</b>	<b>931 EAST 14 ST.</b>	<b>HIALEAH FL 33010</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ROJAS, LEYDA D  
931 EAST 14 ST.  
HIALEAH FL 33010**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**03 NOV 21 AM 9:55**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 03**

**500024925805**  
**11/21/03 01045 021 \*\*150.00**

CR2000 (7/03)

# Exclusive Party Designs, Inc

4365 N.W. 72 Ave. Miami, FL 33166  
Tel. (786) 331- 8466 Fax (786) 331- 9110

To: State of Florida  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

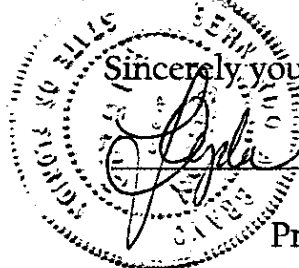
HEREBY WE CERTIFY, that we never received the forms for Annual Report for the year 2003 and on this base, we request from you, to please, waive the penalty for late filing, and enclosed please find complete form with check payable to your Order for \$150.00

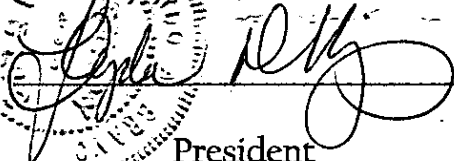
Corporation Name: EXCLUSIVE PARTY DESIGNS, INC.

Document Number: P02000124995

Thanks,

Sincerely yours,



  
\_\_\_\_\_  
President

Sworn to and subscribed before me this 19 day of November, 2003

  
\_\_\_\_\_  
Notary Public

