PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 13 PM 3:41

DOCUMENT # P03000063258

REINSTATEMENT 04-06

CR2E081 (12/05)

1. Corporation Name

THE PARTY CONNECTION CATERING, INC.

2. Principal Office Address	3. Mailing Office Address
31 NE 13th AVE	31 NE 13th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL FL	City & State: CAPE CORAL FL
Zip: 33909 Country: LEE	Zip: 33909 Country: LEE

4. Date Incorporated or Qualified To Do Business in Florida: JUNE 09, 2003

5. FEI Number: 71-09-49423 ☐ 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: JORGE CASTRO

Street Address (P.O. Box Number is Not Acceptable): 31 NE 13th AVE

000065213709
02/20/06--01073--008 **60[illegible].00

Suite, Apt. #, Etc.:

City: CAPE CORAL State: FL Zip Code: 33909

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: _____ Date: 02/07/06

REGISTERED AGENT MUST SIGN

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
P	JORGE CASTRO	31 NE 13th AVE	CAPE CORAL FL 33909
VP	OLGA CASTRO	31 NE 13th AVE	CAPE CORAL FL 33909

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: _____ JORGE CASTRO 02/07/06 239-214-1045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/13 am