

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 MAY 17 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000116265

1. Corporation Name

Party Deco, Inc.

REINSTATEMENT 05-10

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

923 SE 20 ST

3. Mailing Office Address

923 SE 20 ST

Suite, Apt. #, etc.

D 16

Suite, Apt. #, etc.

D 16

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE

Zip

33316

Country

USA

Zip

33316

Country

USA

500180986375

05/17/10--01056--008 **\$900.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/83

5. FEI Number

90-0115518

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

RALPH STIVALI

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

4020 W PALM AVE DE

Suite, Apt. #, Etc.

APT 502

City

POUPAHO BEACH

State

FL

Zip Code

33069

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/12/2010

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RALPH STIVALI	4020 W PALM AVE DE #502	POUPAHO BEACH, FL 33069
VP	ALBERT LAMORGES JR	4020 W PALM AVE DE #502	POUPAHO BEACH, FL 33069

205/18

10. E-mail Address: RALPHSTIVALI @ AOL.COM

(To be used for future annual report notification)

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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/2010

Date

Daytime Phone #

954-45-5865