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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>W08000009997</b> <b>PO4000036112</b>			
1. Corporation Name <b>PARTY SOURCE, INC</b>			
2. Principal Office Address - No P.O. Box # <b>316 NE 24 ST</b>		3. Mailing Office Address <b>316 NE 24 ST</b>	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State <b>WILTON MANORS FL</b>		City & State <b>WILTON MANORS FL</b>	
Zip <b>33305</b>	Country <b>BROWARD</b>	Zip <b>33305</b>	Country <b>BROWARD</b>
4. Date Incorporated or Qualified To Do Business in Florida			
5. FCI Number Applied For <input checked="" type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name <b>LAZARO VERGARA</b> Street Address (P.O. Box Number is Not Acceptable) <b>316 NE 24 ST</b> Suite, Apt. #, Etc. — City <b>WILTON MANORS</b> State <b>FL</b> Zip Code <b>33305</b>			
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 <b>02/19/08</b> 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 <b>PRESIDENT</b>	Name of Officers and/or Directors <b>LAZARO VERGARA</b>	Street Address of Each Officer and/or Director <b>316N NE 24 ST</b>	City / State / Zip <b>WILTON MANORS FL 33305</b>
<b>RH</b>			
<b>REINSTATEMENT</b>			
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:  Date <b>02/19/08</b> Daytime Phone # <b>(954) 600-1903</b>			

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☒ 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.

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