

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000044745

FILED  
Sep 04, 2009  
Secretary of State

Entity Name: PARTIES R R BUSINESS INC.

## Current Principal Place of Business:

14221 NW 23RD PLACE  
OPA LOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

14221 NW 23RD PLACE  
OPA LOCKA, FL 33054

## New Mailing Address:

FEI Number: 20-0897498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMBROSE, HERBERT S  
14221 NW 23 PLACE  
OPA LOCKA, FL 33054 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DALE DESHAZIOR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DESHAZIOR, DALE  
Address: 14221 NW 23RD PLACE  
City-St-Zip: OPA LOCKA, FL 33054

Title: V ( ) Delete  
Name: AMBROSE, GRAFTON  
Address: 14221 NW 23RD PLACE  
City-St-Zip: OPA LOCKA, FL 33054

Title: V ( ) Delete  
Name: GAINOUS, CHRISTINE  
Address: 14221 NW 23RD PLACE  
City-St-Zip: OPA LOCKA, FL 33054

Title: S ( ) Delete  
Name: AMBROSE, MARY  
Address: 14221 NW 23RD PLACE  
City-St-Zip: OPA LOCKA, FL 33054

Title: T ( ) Delete  
Name: AMBROSE, HERBERT S  
Address: 14221 NW 23RD PLACE  
City-St-Zip: OPA LOCKA, FL 33054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE DESHAZIOR

PD

09/04/2009

Electronic Signature of Signing Officer or Director

Date