

DATE 10/2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2005 OCT 10 AM 9:04

SECRETARIA  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

PO4000143465  
Surprise Party Supplies, Inc.

2. Principal Office Address

18400 NW 75 Place

Suite, Apt. #, etc.

#120

City & State

Miami, FL

Zip

33015

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

10-18-04

5. FEI Number

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

Campos Jorge

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

1050 West 46 Street

Suite, Apt. #, Etc.

City

Hialeah FL 33012

State

FL

Zip Code

33012

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

Jorge Campos

Date

10/3/06

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
DP	Charles P. Mene	17000 W 34 Ave	Hialeah, FL 33018
DV	Otero JOAQUIN	4500 W 34 Ave	Hialeah, FL 33018
			200080570092 10/10/05--01011--010 ***308.75
			B 10/11/06
			REINSTATEMENT DS-06

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Campos

Date

10-4-06 305 728-4016

Daytime Phone #

*Page 2 of 2*

SURPRISE PARTY SUPPLIES, INC.  
18400 N.W. 75<sup>th</sup> PLACE, UNIT 120  
MIAMI, FLORIDA 33015  
305-231-0426

October 5, 2006

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: REINSTATEMENT**

Dear Sir/Madam:

Please be advised that the correct address for Surprise Party Supplies, Inc. is 18400 N.W. 75<sup>th</sup> Place, Unit 120, Miami, Florida 33015. Enclosed please find a copy of a Florida Power and Light bill which has the correct Suite number. I never received the corporation reinstatement bill due to the fact that it was sent to the wrong Suite number. Also, enclosed please find check no. 1224 in the amount of \$308.75 has payment for the reinstatement.

Should you have any questions or need further documentation, please contact me.  
Thank you.

Sincerely,

Yarufsa Menahem