

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 14 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

600123263146

04/14/08--01045--028 **1050.00

CR2E081 (12/07)

DOCUMENT # P05000031556

1. Corporation Name

FANTASY PARTY Corp.

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

6709 SW 40 ST

Suite, Apt. #, etc.

3. Mailing Office Address

11515 SW 134 AV

Suite, Apt. #, etc.

City & State

Miami-Florida

City & State

Miami Florida

Zip

33155

Country

U.S.A.

Zip

33186

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

841672790

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

Raquel Castro-Garcia

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

11515 SW 134 Av.

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33186

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 04-02-08

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	<u>Raquel Castro-Garcia</u>	<u>11515 SW 134 AV</u> <u>Miami FL 33186</u>	<u>miami FL 33186</u>
VP	<u>Jose Garcia</u>	<u>11515 SW 134 AV</u> <u>Miami FL 33186</u>	<u>miami FL 33186</u>

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:

Raquel Castro Garcia - Director 04-02-08 305-6671199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #