

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000098914

1. Corporation Name

PARTY'S AND CREATIONS BY ZORY, INC

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

4120 SW 153 PL

Suite, Apt. #, etc. —

City & State

MIAMI, Florida

Zip

33185

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc. —

City & State

SAME

Zip

SAME

Country

SAME

7. Name and Address of Current Registered Agent

Name

MAYRA E. ROJAS

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

4120 SW 153 PL

Suite, Apt. #, Etc. —

City

MIAMI, FL

State

FL

Zip Code

33185

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

10/10/2007

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	MAYRA E. ROJAS	4120 SW 153 PL	MIAMI, FL 33185
VP	JOSE LUIS BENCOMO	4120 SW 153 PL	MIAMI, FL 33185

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10/17/07--01012--004 **750.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/2007

Daytime Phone #

786-564-1087

07 OCT 17 PM 2:42

STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

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