

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 NOV 17 AM 9:40

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000120084

1. Corporation Name

Q C PARTY STARTERS, INC.

100138014271

11/17/08--01069--015 \*\*458.75

REINSTATEMENT 06-08

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

6002 PALM SHADOW WAY

Suite, Apt. #, etc.

1223

City & State

TAMPA, FL

Zip

33647

Country

US

3. Mailing Office Address

P O BOX 46235

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33646

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

08/29/2005

5. FEI Number

20-3353406

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

D'QUAN M. PRICE

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

2625 BERMUDA LAKE DR #201A

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33510

☒ 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.

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 11/12/2008

**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
D	D'QUAN M. PRICE	2625 BERMUDA LK DR #201A	BRANDON, FL 33510
D	CHRISTOPHER R. BROOKS	6002 PALM SHADOW WY #122	TAMPA, FL 33647

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

Date

11/12/08

Daytime Phone #

813-766-7650