

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN -7 PM 3:21

DOCUMENT # 805000136 264

1. Corporation Name

Party of Five, Inc.

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

2405 Lucien Way

3. Mailing Office Address

7512 Dr. Phillips Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 50-306

City & State

Maitland, FL

City & State

Orlando, FL

Zip

32751

Country

USA

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/2005

5. FEI Number
20-3577378

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

Guy P. Bennett

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

7512 Dr. Phillips Blvd.

Suite, Apt. #, Etc.

Suite 50-306

City

Orlando

State

FL

Zip Code

32819

☒ 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

REGISTERED AGENT MUST SIGN

Date 01-05-2009

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
Pres	Guy P. Bennett	7512 Dr. Phillips Blvd.; Suite 50-306	Orlando, FL 32819

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

01-05-2009

Date

(407) 919-3316

Daytime Phone #

590139909945
01/07/09--01051--003 **450.00

KS