2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000085569

Entity Name: PARTY LAND OF N. FT. MYERS INC.

FILED Oct 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15201 N. CLEVELAND AVENUE SUITES 608-610 N. FT. MYERS, FL 33903

Current Mailing Address: New Mailing Address:

455 NE 2ND PLACE 15201 N. CLEVELAND AVENUE CAPE CORAL, FL 33909 SUITE 608 N. FT. MYERS, FL 33903

FEI Number: 03-0597489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOREHEAD, JENIFER F
455 NE 2ND PLACE
CAPE CORAL, FL 33909 US

MOREHEAD, JENIFER F
1121 AMBER LAKE COURT
CAPE CORAL, FL 33909 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JENIFER F MOREHEAD 10/03/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MOREHEAD, RYAN L MOREHEAD, RYAN L Name: Name: 455 NE 2ND PLACE 1121 AMBER LAKE COURT Address: Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33909

Title: VP () Delete Title: VP (X) Change () Addition

Name:MOREHEAD, JENIFER FName:MOREHEAD, JENIFER FAddress:455 NE 2ND PLACEAddress:1121 AMBER LAKE COURTCity-St-Zip:CAPE CORAL, FL 33909City-St-Zip:CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYAN MOREHEAD P 10/03/2007