

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000143113		
1. Entity Name ANANDA PARTY RENTAL & ENTERTAINMENT CORP.		

Principal Place of Business 4761 S.W. 8TH STREET MIAMI, FL 33134	Mailing Address P.O. BOX 940641 MIAMI, FL 33194
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2. Principal Place of Business - No P.O. Box # 8187 NW 8 ST Suite, Apt. #, etc. Apt 201 City & State Miami, FL Zip 33126 Country U.S.A.	3. Mailing Address 8187 NW 8 ST Suite, Apt. #, etc. Apt 201 City & State Miami, FL Zip 33126 Country U.S.A.
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FILED
09 MAY 13 PM 2: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-05

4. FEI Number
20-5897798

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERNANDEZ, ARTURO E 4761 S.W. 8TH STREET MIAMI, FL 33134	7. Name and Address of New Registered Agent Name Hernandez, Arturo E Street Address (P.O. Box Number is Not Acceptable) 8187 NW 8 ST Apt 201 City Miami, FL Zip Code 33126
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Arturo E. Hernandez DATE 05/10/09

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERNANDEZ, YADIE 9705 FOUNTAINEBLEAU BLVD.# 113 MIAMI, FL 33172 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERNANDEZ, YADIE 8187 NW 8 ST Apt 201 Miami, FL 33126 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HERNANDEZ, ARTURO E P.O. BOX 940641 MIAMI, FL 33194 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Hernandez, Arturo E. 8187 NW 8 ST Apt 201 Miami, FL 33126 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arturo E. Hernandez DATE 05/10/09 (786) 553-3999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR