FILED
07 JUL 23 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000085087

1. Corporation Name
DNK PARTY EXPRESS INC

000183601490
07/23/10--01017--001 **300.00
Reinstatement 09-10
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6305 SW 30TH ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FL	City & State
Zip: 33023 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 07/26/07

5. FEI Number 26-0613630 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: MICHELLE ISAACS
Street Address (P.O. Box Number is Not Acceptable): 6305 SW 30TH ST.
Suite, Apt. #, Etc.
City: MIRAMAR State: FL Zip Code: 33023

Spoke w/ Michelle Isaacs on 6/9 - Re filed OAR in Feb. w/o Penalty; Payment process didn't go through. OK to file w/o Penalty. 7/23

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
PD	MICHELLE ISAACS	6305 SW 30TH ST.	MIRAMAR, FL 33023
VPD	KEFIRA ISAACS	6305 SW 30TH ST.	MIRAMAR, FL 33023
VPD	DAVID ISAACS	6305 SW 30TH ST.	MIRAMAR, FL 33023

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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. I further certify, 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 Daytime Phone #