2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000092819

Entity Name: PARTY ADVENTURE INC.

FILED Apr 13, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place o | New Principal Place of Business: | |
|---|--|---|--|--|
| 638 MILFORD STREET DAVENPORT, FL 3389 | | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| 638 MILFORD STREET DAVENPORT, FL 3389 | | | | |
| FEI Number: 26-0749360 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of | Current Registered Agent: | Name and Address of | lame and Address of New Registered Agent: | |
| MARTINEZ, GRISCEL 638 MILFORD STREET DAVENPORT, FL 3389 | | | | |
| The above named entity in the State of Florida. | / submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: GRISCE | EL MARTINEZ | | | |
| Electro | onic Signature of Registered Age | ent | Date | |
| | 193(2)(b), F.S., the corporation did no ng Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Name: MARTINEZ, G Address: 638 MILFORI | | Title: Name: Address: Citv-St-Zip: | () Change () Addition | |

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: GRISCEL MARTINEZ PRES 04/13/2009