

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **994000077248**

1. Corporation Name

THE PARTY FACTORY, INC.

FILED

97 OCT 16 AM 11:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**10251 S.W. 1ST
 MIAMI, FL. 33174**

Mailing Address
**10251 SW 1ST
 MIAMI, FL. 33174**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 05-97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/20/94	
City & State		City & State		5. FEI Number	
				65-0537894	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MENDEZ, DIANA I. 10251 SW 1ST MIAMI, FL. 33174	10251 SW 1ST	MIAMI, FL. 33174
T, V	MENDEZ, FRADIQUE M. 10251 SW 1ST MIAMI, FL. 33174	10251 SW 1ST	MIAMI, FL. 33174

600002324546--1
 -10/20/97--01132--001
 ***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

**DIANA I. MENDEZ
 10251 S.W. 1ST.
 MIAMI FL. 33174**

9. Name and Address of New Registered Agent

Name: **FRADIQUE M. MENDEZ**
 Street Address (P.O. Box Number is Not Acceptable): **10251 SW 1ST.**
 Suite, Apt. #, Etc.:
 City: **MIAMI** State: **FL** Zip Code: **33174**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *FRADIQUE M. MENDEZ*
 REGISTERED AGENT MUST SIGN

Date: **10/13/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(l), 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: *FRADIQUE M. MENDEZ*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9/29/97** Daytime Phone #: **305-376-4515**

CR2E040 (1/2/96)