

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

2007 JUN -5 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000084884

1. Corporation Name

A FUNFEST EVENT, INC.

REINSTATEMENT

CR2E081 (1/07)

DL 07

2. Principal Office Address - No P.O. Box # 1113 S. 30 <sup>th</sup> AVE.		3. Mailing Office Address 1113 S. 30 <sup>th</sup> AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLLYWOOD, FLORIDA		City & State HOLLYWOOD, FLORIDA	
Zip 33020	Country USA	Zip 33020	Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11/02/1995

5. FEI Number 650619702  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

7. Name and Address of Current Registered Agent			
Name JANET L. STREETER			
Street Address (P.O. Box Number is Not Acceptable) 1113 S. 30 <sup>th</sup> AVE.			
Suite, Apt. #, Etc.			
City HOLLYWOOD	State FL	Zip Code 33020	

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 Janet L. Streeter  
REGISTERED AGENT MUST SIGN

Date 6/4/07

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
PSTD	JANET L. STREETER	7440 WILKES ROAD	CORAL SPRINGS, FL 33067
			100104435041
			06/15/07--01059--016 **908.75

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/07 954-925-0909

Date

Daytime Phone #