

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1252  
**FILED**  
**Apr 18, 2002 8:**  
**Secretary of Sta**

**DOCUMENT #** P96000046/42

**1. Corporation Name** FANTASY PARTIES, INC.

**2. Principal Office Address**

283 Cranes Roost Blvd

Suite, Apt. #, etc.

Suite 111

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/23/1996

**5. FEI Number**

593383328

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Cynthia Howard

Street Address (P.O. Box Number is Not Acceptable)

283 Cranes Roost Blvd

Suite, Apt. #, Etc.

Suite 111

City

Altamonte Springs

600005326756-7

04/23/02-01061-021

\*\*\*\*750.00 \*\*\*\*750.00

State

FL

Zip Code

32701

**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

Cynthia Howard

REGISTERED AGENT MUST SIGN

Date

4/12/02

**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
P	Cynthia Howard	283 Cranes Roost Blvd Suite 111	Altamonte Springs, FL 32701
VP	Michael Howard	283 Cranes Roost Blvd Suite 111	Altamonte Springs, FL 32701

**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 under section 119.07(3)(i), 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:**

Michael Howard V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

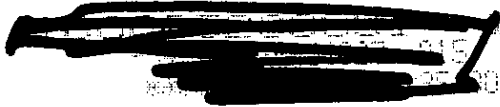
Date

April 12, 2002 (311) 243-4498

Daytime Phone #

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Re: Fantasy Parties, Inc.  
P9600004612



To whom it may concern,

Please find a check enclosed for \$750.00 and reinstatement forms for the above corporation. After speaking with an examiner she said the state would waive the penalty because the annual report was never received. Also, enclosed are amendments along with \$35.00 filing fee to change the name of the above named corporation to Icon Entertainment, Inc..

Thank You,



Michael Howard  
Vice President