

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 JUN 21 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/13/01--01082--002  
\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT 99-01**

**CORPORATION REINSTATEMENT**

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

DOCUMENT # P970000057962

1. Corporation Name  
Corporate Party makers, INC.

2. Principal Office Address  
6011 Roberta Circle

3. Mailing Office Address

Suits, Apt. #, etc.

City & State  
Tampa FL

Zip Country Zip Country  
33604 USA

4. Date incorporated or Qualified To Do Business in Florida 6/26/97

5. FEI Number 593460333 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Dave Jeffries

Street Address (P.O. Box Number is Not Acceptable)  
101 E. Kennedy Blvd

Suits, Apt. #, Etc.  
SUITE 1030

City State Zip Code  
Tampa FL 33602

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 [Signature] Date 6/18/01

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
P, D	Carlos Allcock	6011 Roberta Circle	Tampa FL 33604
V.P. D	Nancy Allcock	Same	Same
			07/26/99 90008 050
			\$150.00

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)(f), 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: Nancy A. Allcock Nancy A Allcock Date 6/8/01 Daytime Phone # 813-231-5861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR02081 (8/00)