

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -8 AM 10:00

DOCUMENT # P98000029699

1. Corporation Name

BRIDE'S PARADISE & PARTY CREATIONS, INC.

Principal Place of Business

8002 PALM LAKE DRIVE  
ORLANDO FL 32819

Mailing Address

8002 PALM LAKE DRIVE  
ORLANDO FL 32819

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

2. New Principal Office Address, If Applicable

5617 S. ORANGE AVE

Suite, Apt. #, etc.

City & State  
Orlando Florida

Zip Country  
32806 ORANGE

3. New Mailing Office Address, If Applicable

5617 S. ORANGE AVE

Suite, Apt. #, etc.

City & State  
Orlando Florida

Zip Country  
32806 ORANGE

REINSTATEMENT

99-06

4. Date Incorporated or Qualified  
To Do Business in Florida

03/24/1998

5. FEI Number

59-3510998

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DEL RIO, MILAGROS	8002 PALM LAKE DRIVE	ORLANDO FL 32819
D	DEL RIO, JORGE	8002 PALM LAKE DRIVE	ORLANDO FL 32819

8. Name and Address of Current Registered Agent

DEL RIO, MILAGROS  
8002 PALM LAKE DRIVE  
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Milagros Del Rio  
REGISTERED AGENT MUST SIGN

Date

5/02/00

11. 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/02/00 407-251-8040

Daytime Phone #