

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000045383**

1. Corporation Name

IT'S YOUR PARTY, INC.

Principal Place of Business

Mailing Address

**7048 NW 11 TERRACE
PARKLAND FL 33076**

**7048 NW 11 TERRACE
PARKLAND FL 33076**

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

2. New Principal Office Address, If Applicable

7048 NW 11 Terrace

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7048 NW 11 Terrace

Suite, Apt. #, etc.

City & State

Parkland FL

City & State

Parkland, FL

Zip

33076

Country

Zip

33076

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1998

5. FEI Number

65-0836828

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	MILLSTEIN, PAMELA B	4876 NW 104TH LANE 7048 NW 11 Terrace	CORAL SPRINGS FL 33076 Parkland, FL 33076

**700004673007--6
-11/08/01--01072--014
*****150.00 *****150.00**

Budh

8. Name and Address of Current Registered Agent

**MILLSTEIN, PAMELA B
4876 N.W. 104TH LANE
CORAL SPRINGS FL 33065**

9. Name and Address of New Registered Agent

Name **Pamela B. Millstein**
Street Address (P.O. Box Number is Not Acceptable)
7048 NW 11 Terrace
Suite, Apt. #, Etc.
City **Parkland** State **FL** Zip Code **33076**

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

Pamela B. Millstein

Date **10-21-01**

REGISTERED AGENT MUST SIGN

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: **Pamela B. Millstein**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-01 954.255-8468
Date Daytime Phone #

CR2E040 (801)

To Whom It May Concern,

I had applied to this form way before the due date. I am not sure why you haven't gotten it. I did not receive a

Cancelled check back either, although my checking account had more in it than it was supposed to. Maybe the check +

application got lost. I spoke to someone on the phone in your office and she told me to just send in the \$150.00 again + it will be accepted.

Thank you,

Pamela Hillstem

954-255-8468