

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 17 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000051343

1. Corporation Name

For Special Occasions, Inc.

2. Principal Office Address

3500 N.W. Boca Raton Blvd.

Suite, Apt. #, etc.

Bay #711

City & State

Boca Raton, FL

Zip

33431

Country

U.S.A.

3. Mailing Office Address

3500 N.W. Boca Raton Blvd.

Suite, Apt. #, etc.

Bay #711

City & State

Boca Raton, FL

Zip

33431

Country

U.S.A.

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

06/02/1999

5. FEI Number

65-0926442

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

Humberto E. Ruiz

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

6971 N. Federal Highway

Suite, Apt. #, Etc.

Suite 402

City

Boca Raton

State

FL

Zip Code

33487

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

REGISTERED AGENT MUST SIGN

Date

3/6/03

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	Onelia M. Ruiz	790 N.E. 73rd Street	Boca Raton, FL 33487

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Onelia M. Ruiz Onelia M. Ruiz 3/6/03 561-750-173

***For Special Occasions, Inc.
3500 N.W. Boca Raton Blvd.
Bay 711
Boca Raton, FL 33431
(561) 750-1193
(561) 750-1153(Fax)***

March 6, 2003

Florida Department of State
Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

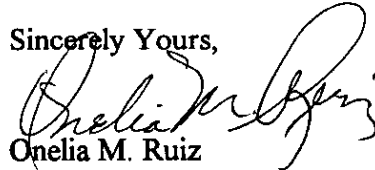
Re: Reinstatement

To whom it may concern:

This letter is to notify that the UBR Report for the years 2002 and 2003 were never received due to our change of address and new business location. Therefore, we have enclosed a corporation reinstatement form to cover these two years. We have also enclosed a check for \$300.00 covering the fees for both years.

We request that our corporation be reinstated and our new address and business location be updated in your records.

Sincerely Yours,


Onelia M. Ruiz
President