

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAY -7 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000084730

1. Corporation Name

PARTY EVENTS INC

000005677920--0

-06/04/02--01074--003

****300.00 ****300.00

2. Principal Office Address

6242 OSPREY TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

6242 OSPREY TERRACE

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

Zip

33073

Country

USA

City & State

COCONUT CREEK FL

Zip

33073

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/99

5. FEI Number

65-0952121

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

NAHIR ROMERO

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

6242 OSPREY TERRACE

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33073

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

Nahir Romero

Date

4/24/02

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
DP	NAHIR ROMERO	6242 OSPREY TERRACE	COCONUT CREEK FL 33073

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:

Nahir Romero

Nahir Romero

Date

4/24/02

Daytime Phone #

954-224-1721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

**PARTY EVENTS INC
6242 OSPREY TERRACE
COCONUT CREEK FL 33073**

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**Re: Uniform Business Report
Corporation Reinstatement**

April 17, 2002

Dear Sir:

We are enclosing a check in the amount of \$300.00 to reinstate the corporation for Party Events Inc.

We never received the annual report for 2001 as the mailing address was incorrect. Upon speaking to your department, we were told to enclose the above amount.

If you have any questions please do not hesitate to contact us at 954-224-1721

Yours truly



**Nahir Romero
President**