


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN -6 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000066643

1. Corporation Name
 AIRSTAR ~~LIGHTING~~ BALLOONS USA, INC

REINSTATEMENT 00-03

2. Principal Office Address 11100 ASTRONAUT BLVD.		3. Mailing Office Address 11100 ASTRONAUT BOULEVARD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32837	Country USA	Zip 32837	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/01/97

5. FEI Number 59-3467048 **Applied For** **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED **\$8.15 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name MARIO A. GARCIA, PA

Street Address (P.O. Box Number is Not Acceptable) ONE SOUTH ORANGE AVENUE

Suite, Apt. #, Etc. 401

City ORLANDO **State** FL **Zip Code** 32801

900009872729

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 617.6503, F.S.

Signature of Registered Agent Mario A. Garcia **Date** 1/3/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	PETERS, DAVID, S	11100 ASTRONAUT BLVD.	ORLANDO, FL 32806
VD	PRITCHARD, DEAN	PO BOX 10519	FT. WORTH, TX 76185
T	BEYLIER, BENOIT	11100 ASTRONAUT BLVD.	ORLANDO, FL 32806

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 807 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 807.0401 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] **Date** 1-02-03 **Daytime Phone #** 407-851-7839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR22661 (8/01)



ACCOUNT NO. : 072100000032
 REFERENCE : ~~880515~~ 80490A
 AUTHORIZATION : *Patricia Pignato*
 COST LIMIT : \$1,200.00

ORDER DATE : January 6, 2003
 ORDER TIME : 10:40 AM
 ORDER NO. : 880515-005
 CUSTOMER NO: 80490A
 CUSTOMER: Mario A. Garcia, Esq
 Mario A. Garcia, P.a.
 Suite 401
 One South Orange Avenue
 Orlando, FL 32801

RECEIVED
 03 JAN -6 AM 11:52
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: AIRSTAR LIGHTING BALLOONS
 USA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 1135
 EXAMINER'S INITIALS _____