

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000018398

**FILED**  
**Oct 22, 2010**  
**Secretary of State**

**Entity Name:** GIFTS-4-U, LLC

**Current Principal Place of Business:**

7900 NOVA DRIVE #203  
DAVIE, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

7900 NOVA DRIVE #203  
DAVIE, FL 33324 US

**New Mailing Address:**

**FEI Number:** 26-2682199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FINESTEIN, DAVID  
7900 NOVA DRIVE #203  
DAVIE, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID FINESTEIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FINESTEIN, DAVID  
Address: 7900 NOVA DRIVE #203  
City-St-Zip: DAVIE, FL 33324 US

Title: MGRM  
Name: FINESTEIN, ANNE  
Address: 7900 NOVA DRIVE #203  
City-St-Zip: DAVIE, FL 33324 US

Title: MGR  
Name: SILLA, GUY C  
Address: 4012 N. 30 AVENUE  
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID FINESTEIN

MGRM

10/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date