


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 04 JUN 14 PM 8:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000080178**

1. Corporation Name
Island Living Delray - Gifts, Inc.

400037942744
 06/14/04--01060--007 **450.00

2. Principal Office Address 727 Barcelona		3. Mailing Office Address	
Suite, Apt. #, etc. Dr.		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State	
Zip 33432	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0948668	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **Lith Liverpool**

Street Address (P.O. Box Number is Not Acceptable)
4974 N. University Dr.

Suite, Apt. #, Etc.

by **Lawderhill**

State **FL** Zip Code **33351**

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 **Lith Liverpool** Date **5-24-04**

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
P	Michelle Leonardo	727 Barcelona R. Boca Raton, FL, 33432	Boca Raton, FL 33432

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: **M Leonardo** Date **5-24-04** Daytime Phone # **(561) 746-5011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

*Lass Accounting & Business Services, Inc.
4974 N. University Dr.
Lauderhill, FL, 33351
PH (954)-746-5011, Fax (954)746-7996*

April, 30, 2004

*~~Division of Corporation~~
Florida Department of State .
P.O BOX
Tallahassee, Fl, 32314*

RE; Island Living Delray Gifts, INC

To Whom It May Concern:

We received a notice stating that the above corporation has been dissolved. Please note that we never received any UBR Forms for the above corporation the only form that we received was the Letter stating that our corporation was dissolved. There fore Our Corporation is now in active due to the non -filing of the 2002 UBR. We are asking for you to take this into consideration and waive all my clients' late fees and penalties. Thank you for your consideration .Enclosed you will find a Check with the amount of \$700.00.to renew the following corporation.

Respectfully,



*Colleen Pope
Accounting Associate*

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