

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 22 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000057816

1. Corporation Name

CORPORATE GIFTS OF AMERICA, INC.

800086470288
01/30/07--01004--015 **450.00

2. Principal Office Address - No P.O. Box #
12990 BISCAYNE ISLAND TERRACE

3. Mailing Office Address
12990 BISCAYNE ISLAND TERENCE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH MIAMI, FL

City & State
NORTH MIAMI, FL

Zip Country
33181 USA

Zip Country
33181 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
81-0615029

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
SHERRY L. MANDEL

Street Address (P.O. Box Number is Not Acceptable)
12990 BISCAYNE ISLAND TERRACE

Suite, Apt. #, Etc.

City
NORTH MIAMI

State Zip Code
FL 33181

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Sherry L. Mandel
REGISTERED AGENT MUST SIGN

Date **1-18-07**

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
PD	SHERRY L. MANDEL	12990 BISCAYNE ISLAND TERRACE	NORTH MIAMI, FL 33181

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 contained in Chapter 119, 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:

Sherry L. Mandel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07
Date

305-715-0095
Daytime Phone #

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Francis M. Switzer
Certified Public Accountant

January 18, 2007

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

Subject: Corporate Gifts of America, Inc.
Doc#: P03000057816
FEIN: 81-0615029
FORM: REINSTATEMENT

Gentlemen:

Enclosed are the corporation reinstatement form and a check for \$450.00. The check for \$450.00 is to cover the filing for years 2005, 2006, and 2007.

The taxpayer filed the annual report for 2004 and paid the \$150.00. Subsequently, she moved and even though she made a change of address with the post office, she never received any more correspondence from you. It was not until recently, that she noticed that her corporation was inactive.

Given the circumstances, the taxpayer would appreciate your reinstating her and abating the reinstatement fee.

The taxpayer would appreciate any consideration you may give her.

Thank you for your cooperation.

If you have any question please contact the taxpayer.

Very truly yours,



Francis M. Switzer