PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAR -8 PM 2:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 578902

1. Corporation Name
TINKY'S GIFT & DESIGN SHOP INC.

WA - 1701

REINSTATEMENT85-01

2. Principal Office Address	3. Mailing Office Address
608 Crandon Blvd	608 Crandon Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Biscayne FL	City & State: Key Biscayne FL
Zip: 33149 Country: USA	Zip: 33149 Country: U

4. Date Incorporated or Qualified To Do Business in Florida 7/20/1978

5. FEI Number 59-1838345 ☐ 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: Vania Doimi

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-03/13/01--01128--022
***2537.50 ***2537.50

Street Address (P.O. Box Number is Not Acceptable): 575 Crandon Blvd

Suite, Apt. #, Etc.: Apt. 409

City: Key Biscayne State: FL Zip Code: 33149

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 _____ Date 1-10-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	Katia Doimi	600 Grapetree dr # 805	Key Biscayne FL 33149
VP	Vania Doimi	575 Crandon Blvd # 409	Key Biscayne FL 33149

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: _____ 1-10-01 (305) 361-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #