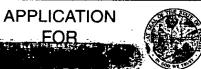
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAR 150



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

GRANDMA'S BASKET BAZAAR, INC.

Principal Place of Business

Mailing Address

2769 E OAKLAND PARK BLVD

2769 E OAKLAND PARK BLVD

FT LAUDERDALE FL 33306

FT LAUDERDALE FL 33306

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

FILED 02 00T 29 AN 9 28



100008675221 10/29/02--01136--024 **150.00

Date Incorporated or Qualified To Do Business in Florida	08/03/1983			
5. FEI Number 50-0201740	Applied For			
59-2321740	Not Applicable			
6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee requir			

					<u> </u>				for a Certificate of Status	
7. Names a	and Street Add	dresses of Each Officer and/o	or Director (Flo	rida nonpro	it corpor	ations must list at leas	st 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3		treet Address of Each Officer and/or Director		City / State / Zip		
Ť	SHEPHERD), LAURA		2769 OA	KLAND	PK BLVD #2		FT. LAUDERDALE FL		
STD	SHEPHERD, JUDITH C.			2769 E OAKLAND PK BLVD 2				FT.LAUDERDALE FL		
VP	SHEPHERD, MICHAEL W			2550 NE 51ST ST #307			·	FT LAUDERDALE FL 33308		
							7 1			
						2 UB	18			
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent						
SHEPHERD, JUDITH C. 2550 NE 51ST ST いるしの しんしん へん 907- FT LAUDERDALE FL 33308			28		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Étc. City State Zip Code					
10. I, being	appointed the	registered agent of the above	e named corpo	ration, am fa	amiliar wi		igations of Section	F	L	

Signature of Registered Agent

officer of 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:

C. Shephero

Date

Daytime Phone #

Tolley&Zirilli, P.A. CERTIFIED PUBLIC ACCOUNTANTS



99551 OVERSEAS HWY • SUITE 200 KEY LARGO, FL 33037 OFFICE 305.451.4000 • FAX 305.451.9896

9200 S. DADELAND BLVD • SUITE 204 MIAMI, FL 33156 OFFICE 305.670.1001 • FAX 305.670.1888

October 24, 2002

Division of Corporations Annual Report/ Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Taxpayer:

Grandma's Basket Bazaar, Inc.

Address:

2769 E Oakland Park Blvd.

Ft. Lauderdale, FL 33036

Document #: -

G52630

F.I.N.:

59-2321740

To Whom It May Concern:

For reasonable cause, Taxpayer, Grandma's Basket Bazaar, Inc., respectfully requests abatement all penalties, interest, and reinstatement charges pertaining to your Certificate of Administrative Dissolution or Revocation October 4, 2002, for the above referenced company.

Enclosed is taxpayer's check, number 10442, for \$150.00 for the annual report-filing fee.

Taxpayer has promptly paid and filed all previous Annual Reports. Unfortunately, taxpayer did not receive the form for the 2002 Annual Report. The address of the registered agent changed or the form was misplaced by employees.

Please waive and abate the penalties, interest, and reinstatement charges for this corporation. Please feel free to contact me with any questions.

Respectfully,

Shawn W. Tolley, CPA

File: T-Travel Odyssey (FDOR) 6-4-02