

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



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

FILED

01 APR 19 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J14780

1. Corporation Name

KAY JOHNSON GIFTS, INC.

2. Principal Office Address

10113 ASHWOOD PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 446

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

City & State

BOYNTON BEACH, FL.

Zip

33437

Country

USA

Zip

33435

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 19, 1986

5. FEI Number

59-2689429

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

HERBERT KAPLAN

Street Address (P.O. Box Number is Not Acceptable)

10113 ASHWOOD PLACE

Suite, Apt. #, Etc.

City

BOYNTON BEACH, FL.

State
FL

Zip Code

33438

800004085898-9
04/30/01-01001-018
****300.00 ****300.00

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

REGISTERED AGENT MUST SIGN

Date April 17, 2001

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/D	Ruth Spetler (Kaplan)	10113 Ashwood Place	Boynton Beach, FL. 33437
V/S/D	Herbert Kaplan	10113 Ashwood Place	Boynton Beach, FL. 33437
			SP

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:

Ruth Spetler (Kaplan)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth Spetler (Kaplan)

4/17/01
Date

561-731-1775
Daytime Phone #

CR2E081 (9/00)