L02000011969

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 19 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/21/04--01065--007 **200.00

DOCUMENT # L02 0000 11969

1. Limited Liability Company's Name
GIFTSMART ENTERPRISES LLC

2. Principal Office Address	3. Mailing Office Address
162 D RIVERBEND DR.	Same as
Suite, Apt. #, etc.	Suite, Apt. #, etc. Mentioned
City & State: Altamonte Spr. FL	City & State
Zip: 32714 Country: USA	Zip Country

4. State/Country of Formation: FL.

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 30-0089851 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Amit Chhabra

Street Address (P.O. Box Number Is Not Acceptable): 162 D Riverbend drive

Suite, Apt. #, Etc.:

City: Altamonte springs | State: FL | Zip Code: 32714

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Amit Chhabra — REGISTERED AGENT MUST SIGN — Date: 03/18/04

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member//Manager	City / State / Zip
MGRM	Amit Chhabra	162 D Riverbend Dr.	Altamonte Spr-32714
	REINSTATEMENT 2003-2004		
		BC	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Amit Chhabra — Date: 03/18/04 — Daytime Phone #: 4077886028

Typed or printed name of signing Managing Member/Manager: