2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 11, 2005
Secretary of State

DOCUMENT# L02000011969

Entity Name: GIFTSMART ENTERPRISES, L.L.C.

Current Principal Place of Business:

162-D RIVERBEND DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

3325 FOXWOOD DR
APOPKA, FL 32703 US

Current Mailing Address:

162-D RIVERBEND DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

3325 FOXWOOD DR
APOPKA, FL 32703

FEI Number: 30-0089851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHHABRA, AMIT
162-D RIVERBEND DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

CHHABRA, AMIT
3325 FOXWOOD DR
APOPKA, FL 32703 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AMIT CHHABRA 10/11/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHHABRA, AMIT
Address: 162-D RIVERBEND DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHHABRA, AMIT
Address: 3325 FOXWOOD DR
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AMIT CHHABRA MGRM 10/11/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date