PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 APR 12 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000168115070
04/06/10--01042--003 **277.50

CR2E041 (11/09)

DOCUMENT # L05000030327

1. Limited Liability Company's Name

The Gift Idea Shoppe, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1241 Orchard Oriole Pl	1075 Oakleaf Plantation
Suite, Apt. #, etc.	Suite, Apt. # etc. PARKWAY
~~Middleburg~~	Suite 109-175
City & State	City & State
Middleburg, FL	Orange Park FL
Zip / Country	Zip / Country
32068 / USA	32065 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3-28-2005

6. FEI Number: 202589129 (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: Alycia L. Neill

Street Address (P.O. Box Number is Not Acceptable): 1241 Orchard Oriole Place

Suite, Apt. #, Etc.

City: Middleburg | State: FL | Zip Code: 32068

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Alycia L. Neill — Date: 1/21/10
REGISTERED AGENT MUST SIGN

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
MGR	Lori Lee Taylor	1241 Orchard Oriole Place	Middleburg, FL 320

REINSTATEMENT-07-10

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QE 4-13-10

11. E-mail Address: LTAYLOR324@comcast.net
(To be used for future annual report notification)

12. 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: Lori Lee Taylor — Date: 1/21/10 — Daytime Phone #: 904-993-7433

Lori Lee Taylor