PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 JUN -4 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000068974

1. Limited Liability Company's Name

Landmark Gifts & Design, LLC

CR2E041 (1/11) 11-12

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1001 Plymouth Rock Drive	640 E. Purdue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Phoenix, AZ
Zip: 34110 / County: USA	Zip: 85020 / County: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/29/2010

6. FEI Number: 27-2965343 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation / State: FL / Zip Code: 33324

E-mail Address:

REINSTATEMENT

marla@pay-tech.com

(To be used for future annual report notices)

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 _____ Date _____

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
MGRM	Lowell Jackson	640 E. Purdue	Phoenix, AZ 85020
			B. BOSTICK
			JUN 5 2012
			EXAMINER

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 608.508, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 5/31/12 Daytime Phone # 239-598-9819

Typed or printed name of signing Managing Member/Manager _____

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LIMITED LIABILITY REINSTATEMENT
LANDMARK GIFTS & DESIGN, LLC

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