

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1/31/01 90207/001 \$150.00

DOCUMENT # P00000040633

1. Corporation Name

CRYSTAL'S GIFTS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 21603
TAMPA FL 33622

P.O. BOX 21603
TAMPA FL 33622

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HARGRETT, JAMES T JR	2107 E. OSBORNE AVE.	TAMPA FL 33610
D	HARGRETT, CRYSTAL	P.O. BOX 21603	TAMPA FL 33622

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE LA PARTE, L. DAVID
101 E. KENNEDY BLVD., STE. 3400
TAMPA FL 33602

Name

LS

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 813-396-3908



BAY AREA CONCESSIONS, INC.

P. O. Box 21603 • Tampa, Florida 33622

(813) 396-3908

October 17, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32303-1500

To Whom It May Concern:

The purpose of this letter is to re-submit the uniform business report filed by Crystal's Gifts in January 2001. It is my understanding that the original report filing was rejected because of an omission on box #4, and a rejection letter was subsequently sent to us. Because we never received any rejection notice, we assumed everything was in order until we received the notice of administrative dissolution or revocation. After contacting the Department of Corporations, we were told we could send in a copy of the original report along with a letter explaining what had transpired.

Enclosed with this letter is a copy of the original report filed with the necessary correction.

Sincerely,

Crystal Hargrett
Crystal's Gifts

2012