

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000050574

1. Corporation Name

FROGGIFTS.COM, INC.

FILED

02 DEC 23 AM 11: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15520 CORTEZ BLVD.
BROOKSVILLE FL 34613

Mailing Address

P.O. BOX 10882
BROOKSVILLE FL 34613

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

05/17/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3652754

Applied For

Not Applicable

6. 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 |
|---------------|---|--|-------------------------|
| VP | RUDNICK, WALLACE (NOT AN OFFICER) | 73 MIDWAY ISLAND | CLEARWATER FL |
| VP P | RUDNICK, YEN KEN | 4387 DELTONA BLVD | SPRING HILL FL 34606 |
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REINSTATEMENT 02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | |
|--|---|--|
| RUDNICK, WALLACE 73 MIDWAY ISLAND CLEARWATER FL | MYRA Beardsley 4387 Deltona Blvd. SPRING HILL FL 34606 | Name MYRA Beardsley Street Address (P.O. Box Number is Not Acceptable) 4387 Deltona Blvd. Suite, Apt. #, Etc. \$ City SPRING Hill State FL Zip Code 34606 |
|--|---|--|

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. or 617.0505, F.S.

Signature of
Registered Agent

Myra Beardsley
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/4/02

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 #

12/4/02

CR2E040 (8/02)