

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000076301

1. Corporation Name

GIFTED BASKET OF ORLANDO, INC.

Principal Place of Business

31540 SOARING HAWK LANE
SORRENTO FL 32776

Mailing Address

31540 SOARING HAWK LANE
SORRENTO FL 32776

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/2000

5. FEI Number

59-3663735

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
President	Lisa Stribling	31540 Soaring Hawk Sorrento, FL 32776	
			100004739791--3 -12/25/01--01095--014 ****750.00 ****750.00
			REINSTATEMENT 01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STRIBLING, LISA
31540 SOARING HAWK LANE
SORRENTO FL 32776

Name
Lisa Stribling
Street Address (P.O. Box Number is Not Acceptable)
31540 Soaring Hawk
Suite, Apt. #, Etc.
Sorrento
City
State
FL
Zip Code
32776

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

REGISTERED AGENT MUST SIGN

Date

12/5/01

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/01

Date

352-385-1752

Daytime Phone #

CR2E040 (8/01)