


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000096823

1. Corporation Name

PHOTOGIFTS.COM, INC.

Principal Place of Business

Mailing Address

284 S. MILITARY TRAIL
DEERFIELD BCH FL 33442

284 S. MILITARY TRAIL
DEERFIELD BCH FL 33442

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

10/12/2000

5. FEI Number

65-1075341

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	PAGLIA, PAMELA Tina Weaver	284 S. MILITARY TRAIL	DEERFIELD BCH FL 33442

08/06/01 90002 019 \$550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PAGLIA, PAMELA~~ Weaver, Tina
284 S. MILITARY TRAIL
DEERFIELD BCH FL 33442

Name

Tina Weaver

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

as shown

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

Tina Weaver

REGISTERED AGENT MUST SIGN

Date

10/23/01

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:

Tina Weaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/01

Daytime Phone #

MARC L. LEVINSON, P.A.
CERTIFIED PUBLIC ACCOUNTANT

MEMBER OF FLORIDA AND AMERICAN INSTITUTES OF CERTIFIED PUBLIC ACCOUNTANTS

October 25, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Photogifts.com-Document #P00000096823

Gentlemen,

Enclosed please find the application for reinstatement for Photogifts.com indicating it's federal tax identification number. The annual report was previously filed together with check number 1012 in the amount of \$550.00 at the end of July with the federal tax identification number inadvertently omitted. A letter requesting the tax identification number sent by you to the company was never received, hence your Notice of Administrative Dissolution or Revocation.

Thank you in advance for your prompt attention in reinstating this Company.

Very truly yours,



Marc L. Levinson
Certified Public Accountant

2082
ONE BOCA PLACE
2255 GLADES ROAD, SUITE 324A
BOCA RATON, FLORIDA 33431
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FAX: (561) 982-9979
EMAIL: MARCL27316@AOL.COM