

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 8:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000001153

1. Corporation Name

JTB GIFT SHOP INC

Principal Place of Business

Mailing Address

4670 SALISBURY RD
JACKSONVILLE FL 32256

4670 SALISBURY RD
JACKSONVILLE FL 32256

REINSTATEMENT 03



300025257123
12/05/03--01043--031--**750.00

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

01/03/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6019 BUENA VISTA CT

5. FEI Number

65-1062430

Applied For

City & State

City & State

BOCA RATON FL

Not Applicable

Zip

Country

Zip

Country

33433

PALM BEACH

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
P	KHIGANI, SUNIL T	6019 BUENA VISTA CT	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KHIYANI, SUNIL T
6019 BUENA VISTA CT
BOCA RATON FL 33433

Name

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. or 617.0505, F.S.

Signature of Registered Agent

Date 11/6/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/03

Daytime Phone #

561347-0268

CR2E040 (7/03)