

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 OCT 22 PM 5:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000013931

1. Corporation Name

GIFTS FLOWERS & CREATIONS INC.

Principal Place of Business

400 PENINSULA DR.
HAINES CITY FL 33844

Mailing Address

400 PENINSULA DR.
HAINES CITY FL 33844

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 2762 La Vista Dr.
City & State Haines City FL
Zip 33844 Country US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 2762 La Vista Dr.
City & State Haines City FL
Zip 33844 Country US

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2002

5. FEI Number

01-0596853

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
D	GARCIA, LOURDES	2762 LA VISTA DR.	HAINES CITY FL 33844

200024023922
10/22/03--01067--013 **150.00

8. Name and Address of Current Registered Agent

GARCIA, LOURDES
2762 LA VISTA DR.
HAINES CITY FL 33844

9. Name and Address of New Registered Agent

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

Loures Garcia
SIGNATURE

Date

10-20-03

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:

Loures Garcia
SIGNATURE

10-20-03

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH2EQ40 (7/03)

GIFT FLOWERS & CREATIONS, INC.
2762 LA VISTA DRIVE
HAINES CITY, FL 33844
(863) 421-2143

October 20, 2003

Department of State
Division of Corporations
Corporate Filings
P O Box 6327
Tallahassee, FL 32314

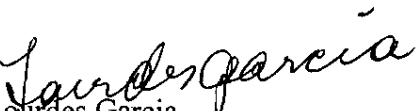
RE: GIFT FLOWERS & CREATIONS, INC
PO2000013931

Dear Madam or Sir,

I received a letter indicating that my corporation had been dissolved for non-payment of annual fees. I never received the report in the mail or it was mailed to my previous address, 400 Peninsula Drive, Haines City, FL 33844. My accountant contacted one of your representatives and I was advised to write a letter explaining what happened. Please find enclosed a check for \$150 to pay for the Annual Report Fee. I ask you to waive the penalties for reinstatement because I did not receive notice of fees due and did not realize I needed to pay annual fees.

Thank you for your consideration.

Sincerely,


Lourdes Garcia
President