

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 28 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062122

1. Corporation Name

GIFTS TO REMEMBER, INC.

Principal Place of Business

Mailing Address

1779 N CONGRESS AVENUE
BOYNTON BEACH FL 33426

1779 N CONGRESS AVENUE
BOYNTON BEACH FL 33426

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

06/05/2002

5. FEI Number

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
D	SMITH, JACQUELINE	1779 N CONGRESS AVENUE	BOYNTON BEACH FL 33426

000024188610
10/28/03--01013--026 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, JACQUELINE
1779 N CONGRESS AVENUE
BOYNTON BEACH FL 33426

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

REGISTERED AGENT MUST SIGN

Date

10/9/03

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

Daytime Phone #

10/8/03

CR2E040 (7/03)

Gifts To Remember, Inc.
1779 N. Congress Avenue
Boynton Beach, FL 33426
(561) 369-7774

October 22, 2003

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

To Whom It May Concern:

I recently received a Notice of Administrative Dissolution or Revocation of my corporation. I immediately contacted my accountant to determine the date he submitted the form. He informed me that the form should have been submitted by me instead of his office. I was unaware that this was my responsibility as I would have submitted the form and payment on time. This is an oversight on my part as it is the first year I have owned a corporation.

I kindly ask that you fully reinstate the corporation and waive the additional fees. I have enclosed a check for \$150.00 (One Hundred-Fifty dollars) to make the corporation current.

I sincerely appreciate your time and attention to this matter. Should you need you speak with me, you may contact me at (561) 369-7774 between 9:00 am - 6:00 pm Monday through Friday.

Sincerely,



Jacqueline Smith
President