

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 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000075735**

1. Corporation Name

ADRIAN'S GIFTS, INC.

Principal Place of Business

15840 BERE DRIVE
ODESSA FL 33556

Mailing Address

15840 BERE DRIVE
ODESSA FL 33556

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

07/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

01-0739244

Not Applicable

Zip

Country

Zip

Country

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
PST	MATOS, EDWARD J	15840 BERE DRIVE	ODESSA FL 33556

900024261399
10/28/03--01069--029 ***158.75

10/27

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATOS, EDWARD J
15840 BERE DRIVE
ODESSA FL 33556

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

10/9/03 813-785-0575
Date Daytime Phone #

CR2ED040 (7/03)

Edward J. Matos
15840 Berea Drive, Odessa, FL 33556

October 9, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Document #P02000075735
Adrian's Gifts, Inc.

Dear Secretary of State:

Please be advised that this is the first notice I have received regarding the filing for the Uniform Business Report. Please note that I would like to make every effort to be compliant therefore, enclosed herein please find the reinstatement application and fee of \$150.00 plus \$8.75 for the Certificate of Status.

Sincerely,



Edward J. Matos
President - Adrian's Gifts, Inc.