

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 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099275

1. Corporation Name

INTERNATIONAL GIFT SERVICE, INC.

Principal Place of Business

Mailing Address

7779 INDIAN RIDGE TRAIL S
KISSIMMEE FL 34747

PO BOX 22026
LAKE BUENA VISTA FL 32830



REINSTATEMENT 03

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

5005 KYNGS HEATH ROAD
Suite, Apt. #, etc.

Suite, Apt. #, etc.

THE STORE

City & State

KISSIMMEE, FL

Zip 34746

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2002

5. FEI Number

02-0642726

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
DPST	ABDEEN, ABDULLA	7779 INDIAN RIDGE TRAIL S	KISSIMMEE FL 34747

800024014068
10/22/03--01052--020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI FL 33145

Name

ABDULLA ABDEEN

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

7779 INDIAN RIDGE TRAIL SOUTH

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34747

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

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 #

ABDULLA ABDEEN, President 10/10/03

407 3970033
OR
407 973023

CR2E040 (7/03)