

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 28 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126868

1. Entity Name
ROSY'S GIFT, INC



Principal Place of Business

~~1671 SW 120 AVE~~
~~PEMBROKE PINES, FL 33025~~
~~Lake Worth, FL 33467~~

Mailing Address

1671 SW 120 AVE
PEMBROKE PINES, FL 33025

REINSTATEMENT 04



2. Principal Place of Business

1560 NE 127 ST
Suite, Apt. #, etc.
Bzr 205

3. Mailing Address

6292 Breckenridge Cir

City & State

N. Miami, FL

City & State

Lake Worth, FL

Zip

33161

Country

USA (DPOC)

Zip

33467

Country

USA

10252004

REIN-P

CR2E098 (6/04)

4. FEI Number

05-0552995

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUENTES, ROSTIA E
1671 SW 120 AVENUE
PEMBROKE PINES, FL 33025
6292 Breckenridge Cir
Lake Worth, FL
33467

7. Name and Address of New Registered Agent

Name: Rosita Fuentes
Street Address (P.O. Box Number is Not Acceptable)
6292 Breckenridge Cir
Lake Worth, FL 33467
City: FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/25/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: ROSITA, FUENTES E
STREET ADDRESS: 1671 SW 120 AVENUE
CITY-ST-ZIP: PEMBROKE PINES, FL 33025
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P.
NAME: Rosita Fuentes
STREET ADDRESS: 6292 Breckenridge Cir
CITY-ST-ZIP: Lake Worth, FL 33467
☐ Change ☐ Addition

TITLE:
NAME:
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CITY-ST-ZIP:
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

[Signature]