2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P03000038035 TIP TOPS GIFTS, INC. 04 NOV -1 AM 9: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7200 US HWY 19 N 7200 US HWY 19 N 548 PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business 3. Mailing Address <u>303 ÜS HWY 301 Blvd.</u> W US #301 4. FEI Number Applied For a 80-0107015 denton Not Applicable Country \$8.75 Additional US 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent —6. Name and Address of Current Registered Agent → Osman TAXPROS ACCOUNING SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 7901 4TH STREET NORTH 321 ST PETERSBURG, FL 33702 Zip Code 34205 Brodenton 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition OSMAN, ALIA OSMAN, ALIA NAME NAME Bayshore - 16R Building 3600 Lake 7200 US HWY 19 N SUITE 548 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME 700042362497 11/01/04--01069--007 **! STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIP CITY-ST-ZIP : ☐ Change - ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

TIP TOPS GIFTS, INC. 303 US 301 #849 Bradenton, FL 34205

October 29, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Document # P03000038035

Dear Sir or Madam:

It just came to our attention that our corporation failed to submit the Uniform Business Report 2003. Enclosed please find the form and a check for the fees of \$150.00. We respectfully request waiving the penalty because we did not receive this form due to the closing of the business in Clearwater and the relocation of the business to the above address.

Your cooperation and understanding is greatly appreciated and we apologize for any inconvenience this may have caused.

Sincerely,

ta ji ta shiri Marajar Colo

Alia Osman