

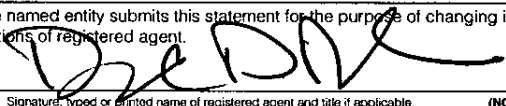
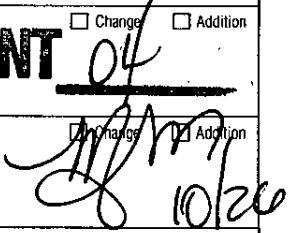
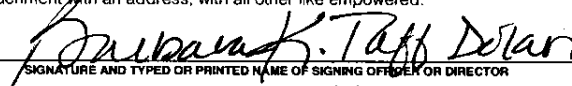


2004 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | |
|---|---|---|--|--|---|
| DOCUMENT # P03000093989 1. Entity Name GIGI GREAT GIFTS, INC. | |  | | FILED 04 OCT 22 AM 8:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA  | |
| Principal Place of Business 322 MCDANIEL ST TALLAHASSEE, FL 32303 | | Mailing Address 322 MCDANIEL ST TALLAHASSEE, FL 32303 | | 10192004 REIN-P CR2E098 (6/04) FEI Number 80-0075697 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 2. Principal Place of Business 322 MCDANIEL ST 9530 SW 68 Ave | | 3. Mailing Address 330 ALHAMBRA CIRCLE | | | |
| Suite, Apt. #, etc. 9530 SW 68 Ave | | Suite, Apt. #, etc. 330 ALHAMBRA CIRCLE | | | |
| City & State Miami, FL 33156 | | City & State Coral Gables, FL | | | |
| Zip 33134 | | Zip 33134 | | | |
| 6. Name and Address of Current Registered Agent TAEF, BROWARD JR. 322 MCDANIEL ST TALLAHASSEE, FL 32303 | | | | 7. Name and Address of New Registered Agent Name DANIEL D. DOLAN, II Street Address (P.O. Box Number is Not Acceptable) 330 ALHAMBRA CIRCLE City Coral Gables FL Zip Code 33134 | |
| 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  DATE 10-19-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOLAN, BARBARA K 7645 SW 117TH ST MIAMI, FL 33156 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dolan, Barbara K. 9530 SW 68th Avenue Pinecrest, FL 33156 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON, LYNSEY A 4900 HAMMOCK PK DR CORAL GABLES, FL 33156 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200042107362 10/22/04--01044--019 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  10/20 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Barbara K. Taff Dolan | | | 10/19/04 (305) 446-5700 <small>Date Daytime Phone #</small> | | |