

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000048223

1. Entity Name
GOTTA GET A GIFT, INC.



Principal Place of Business
3900 GALT OCEAN DR SUITE 105
FT LAUDERDALE, FL 32330-8

Mailing Address
3900 GALT OCEAN DR SUITE 105
FT LAUDERDALE, FL 32330-8

2. Principal Place of Business
3815 NW 49 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tamarac FL
Zip
33309

City & State

Zip

Country



04112006

REIN-P

CR2E098

(11/05)

05-06

4. FEI Number
20-0939770

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name
Ellen Lesser
Street Address (P.O. Box Number is Not Acceptable)
3815 NW 49 Street

City Tamarac FL Zip Code 33309

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 obligation of registered agent.

SIGNATURE *Ellen Lesser*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
LESSER, ELLEN
3900 GALT OCEAN DR SUITE 105
FT LAUDERDALE, FL 323308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100076161791
05/14/06-01004-013 **300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
836/9 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

Daytime Phone #

954-7337575