## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # P05000092109 FILED NIVA JACKSONVILLE GIFT SHOP, INC. 07 NOV -9 PM 12: 04 LLUNG FART OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 225 EAST COAST LINE DRIVE 40-03 170TH ST JACKSONVILLE, FL 32202 FLUSHING, NY 11358 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 11012 REINSTATEMENT (1/07) 6 Suite, Apt. #, etc. City & State 4. FEI Number City & State 20-3073576 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, JYOTIKA Street Address (P.O. Box Number is Not Acceptable) 225 EAST COAST LINE DRIVE JACKSONVILLE, FL 32202 City 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 11-01-07 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, TITLE Delete TITLE ☐ Addition 100112177661 11/09/07-0046--017 \*\*7 PATEL, JYOTIKA NAME NAME STREET ADDRESS 18 KEENAN PLACE STREET ADDRESS GARDEN CITY, NY 11530 CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 100.6 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 charged, or on an attachment with an address, with all other like empowered. (JYOTIKA V. PATEL) Jyotika v. Patel SIGNATURE: \_ Daytime Phone #