

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000061549

Entity Name: DAFFODILS GIFT SHOPPE, INC.

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

14965 OLD ST. AUGUSTINE RD
UNIT#103
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

14965 OLD ST. AUGUSTINE RD
UNIT#103
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-4837177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, TOMMY D
6942 SALAMANCA AVE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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.

SIGNATURE: TOMMY COHEN

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SKINNER, LISA C
Address: 1473 OTOES PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: STD () Delete
Name: LAMM, DEBORAH C
Address: 3401 CHOKEBERRY CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD () Delete
Name: HOWELLS, ANNE
Address: 4545 KINCARDINE DR
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY COHEN

PRES

10/12/2009

Electronic Signature of Signing Officer or Director

Date