

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 31 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027282**

1 Corporation Name

GIFT EXPRESSIONS INC.

Principal Place of Business

9860 SHERBROOK LANE
JACKSONVILLE FL 32221
US

Mailing Address

~~P O BOX 082091~~
JACKSONVILLE FL 32223
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 96

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1994

5. FEI Number

59-3240582

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, P, T	KERSTEN, JO ANN	9860 SHERBROOK LN	JACKSONVILLE FL 32221
V, S.	KERSTEN, CHARLES W	9860 SHERBROOK LN	JACKSONVILLE FL 32221

300002051613--1
-01/08/97--01131--009
****383.75 ****383.75

DB1-2-97

8. Name and Address of Current Registered Agent

KING, DAVID A
ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name
KERSTEN, CHARLES W
Street Address (P.O. Box Number is Not Acceptable)
9860 SHERBROOK LN
Suite, Apt. #, Etc.
City
JACKSONVILLE
State
FL
Zip Code
32221

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Charles W. Kersten
REGISTERED AGENT MUST SIGN

Date **DEC 30, 1996**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Charles W. Kersten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES W. KERSTEN 12/30/96 904 786-7577
Date Daytime Phone #