| PLEASE READ A | ALL INST | RUCTION | S BEFORE C | OMPLET | ING THIS FORM. | | |
|---|---|------------------------|--------------------------|--|---------------------------------------|-------------------------------|--|
| APPLICATION O STATE | | | | AND | | | |
| Secretary of State | | | | FILEO | | | |
| DOCUMENT # POCOOCH3 Prysion of CORPORATIONS | | | | 1998 MAR 24 AM 10: 57 | | | |
| | | | | SECRETARY OF STATE | | | |
| 1. Corporation Name CARDS "N" MORE, INC. 3131 INVERRARY BLVD. WEST | | | | TĂLLĂHĂSSEE. FLORIDA | | | |
| LAUDERHILL, EL. 33319 | | | | | | | |
| Principal Place of Business Mailing Address | | | | 1 | | | |
| 3131 INVERRARY BLUD. WEST | | | | | | | |
| LAUDERHILL, FL. 33319 | | | | | | | |
| | | | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and 2. New Principal Office Address, If Applicable 3. New Mailing Office Address. | | | | Applicable 4 Date Incorporated or Qualified | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, | elc. | | To Do Business in Florida 6-6-95 | | | |
| City & State | City & State | | | 5. FEI Number | 785955 | Applied For Not Applicable | |
| Zip Country | Zip Country | | ntry | 6 | | additional Fee required | |
| | Simple (Fig. | | | <u>' </u> | E OF STATUS DESIRED S8.75 A | Certificate of Status | |
| 7. Names and Street Addresses of Each Officer and/c Name of Officers Title(s) Name of Officers and/or Directors | or Director (Flo | | Street Address of Each | 1 | City / State / | 7:- | |
| 1 2 | Officer and/or Director 3 (Do NOT Use Post Office Box N | | | Numbers) 4 City / State / Zip | | | |
| DRES. LINDA S. HENESON SEC. TROPS MARVIN SCHNAPP | | 4103 COCOPLUM C1. | | COCONUT CROEK FL 33063 | | CFL 33063 | |
| SEC. | 2.0 | p 4103 CACAPLUM C | | | 20075 | (/ 3) 4/2 | |
| more MARVIN SCHNAPP | | 4103 | acapcum vi. | COCONUT CREEK, FL 33063 | | | |
| | |) | | g., | | or o | |
| | | | | ` | 000024735 -03/31/98010 |)50016 | |
| | | | ·· | | ****S23.75 * | ***523.75 | |
| | | | | | | 26x"/88 | |
| | | | | | | 61211 | |
| | | | | | | | |
| 8. Name and Address of Current Registered Agent Name | | | | 9. Name and | Address of New Registered Ager | | |
| LAWRENCE J. SPIEGEL AMERILAWER 343 ALMERIA AV. CORAL GABLES, FL. 33134 | | magazini a di | Street Address (P | (P.O. Box Number is Not Acceptable) | | CR2E040 (1198) | |
| | | | Suite, Apt. #, Etc. | c | | | |
| CORAL GABLES, FL 33134 | | | City | City State Zip Code | | | |
| 10. I, being appointed the registered agent of the above | | ration, am familiar | with and accept the ob | ligations of Secti | FL | | |
| | | | | | Date 3-19-98 | ; | |
| Signature of Registered Agent Lawn J. Signature of Registered Agent Lawn | SISTERED AGI | ENT MUST SIGN | | - | Date | | |
| 11. This corporation owes or has paid the current year | | | | | (See other side for information | | |
| Intangible Personal Property | tax due | June 30. | Yes 🔀 | No L | on intangible | lax.) | |
| I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolu- | ition has been. | eliminated, the con- | porate name satisfies t | lhe requirements | of section 607,0401 or 617,0401. | F.S. that all fees | |
| owed by the corporation have been paid and the na on this application is true and accurate, and my sign | mes of individu | uals listed on this fo | orm do not qualify for a | an exemption und | der section 119.07(3)(i), F.S. The in | iformation indicated | |
| , , | | | | | | | |
| SIGNATURE: Sunda A Non | m | | | | 3/19/98 954-5; Date Daytime | 72-6905 | |
| SIGNATURE AND TYPED OR PRINT LINDA S. HE | TED NAME OF S NETON | IUNING OFFICER OF | DIRECTOR | | Date Daytime | Phone # | |

CARDS "N" MORE INC. 3131 Inverrary Boulevard West Lauderhill, FL 33319 (954)572-6905

March 19, 1998

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed is our application for corporate reinstatement along with a check for \$523.75. This amount includes \$515.00 for 1996, 1997, and 1998 fees to bring us up-to-date plus \$8.75 for a certificate of status.

We had no idea that there was an annual filing for reports. Our first knowledge of corporate dissolution was a letter from the Florida lottery commission that they will revoke our retailer status.

When our original location went bankrupt before opening (we also lost our deposit), we filed a change of address (see attached) on January 12, 1996 but never received any forms to file our annual reports. We have always filed all of our tax forms on time and we have always paid any and all taxes due.

We respectfully request a waiver of fees of reinstatement Thank you for helping us out in this matter.

Respectfully yours,

Linda S. Heneson

President

For fast and friendly service, come to...

QWIK-PACK & SHIP

Your Mailing & Business Service Center

January 12, 1996

Ms. Sandra B. Mortham Secretary of State Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Document Number P95000043193

CARDS "N" MORE

Dear Ms. Mortham:

This is to advise you of an adjustment to our corporate name and a change of address.

Name change:

From CARDS "N" MORE to CARDS "N" MORE D/B/A QWIK PACK & SHIP

Address Change to:

3131 Inverrary Boulevard West Lauderhill, FL 33319

Thank you.

Sincerely,

Linda S. Heneson

President

INVERRARY PLAZA WEST

3131 Inverrary Boulevard West • Lauderhill, Florida 33319

(954) 572-6905

Fax: (954) 572-6905