

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

SECRET  
DIVISION

06 OCT 13 AM 8:01

DOCUMENT # P97000071622

1. Entity Name  
DISTINCTIVE GIFTS 'N THINGS, INC.



Principal Place of Business  
4910 NW 18TH COURT  
LAUDERHILL, FL 33313 US

Mailing Address  
4910 NW 18TH COURT  
LAUDERHILL, FL 33313 US

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10102006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number  
65-0782701

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

FLOWERS, DEVERN  
4910 NW 18TH COURT  
LAUDERHILL, FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$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 D ☐ Delete  
NAME FLOWERS, DEVERN  
STREET ADDRESS 4910 NW 18TH COURT  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE ☐ Change ☐ Addition  
NAME 600080230936  
STREET ADDRESS 10/13/06--01050--006 \*\*150.00  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WILLIAMS, DELORES  
STREET ADDRESS 1620 NW 26TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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

Date

Daytime Phone #

Delores Williams

10/11/06 (954) 735-1580