

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY 10 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000087082**

1. Corporation Name

A; S GIFTS, INC.

300005598603--5

-05/23/02--01004--016

****450.00 ****450.00

2. Principal Office Address

8444 INTERNATIONAL DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32819

Country

USA

3. Mailing Office Address

7345 SAND LAKE RD.

Suite, Apt. #, etc.

412

City & State

ORLANDO, FLORIDA

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/1999

5. FEI Number

59-3601239

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ASSEM KATBEH

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

8444 INTERNATIONAL DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

ASSEM KATBEH

Date **5/3/02**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ASSEM KATBEH	2826 ROLLMAND RD	ORLANDO, FL. 32837

10. 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)(i), 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:

ASSEM KATBEH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSEM KATBEH

Date

5/3/02

Daytime Phone #

908-3590

5/20/02

CR2E081 (9/01)

A & S Gifts, Inc.
7345 Sand Lake Road Suite # 412
Orlando, Florida 32819

May 3, 2002

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

Attention: Reinstatement Section.

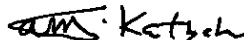
To Whom It May Concern:

On May 3, 2002 I called your office after I was informed by the Dept. of Business and professional regulation that the Tobacco permits applied for were being denied because the corporation was dissolved in the year 2000. The reason for the dissolution as I was told by your office was that the corporation's annual report was never filed. I have never received any report or any correspondences relating to this matter. After reviewing the original documents I realized that we had moved to another location and never occurred to me to report the change with your office.

As per your reinstatement section request I'm enclosing a check in the amount of \$ 450.00 for to cover the fees in question.

Your attention in this matter would be greatly be appreciated.

Sincerely yours,



Assem Katbeh, President.