

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:27

DOCUMENT #

1. Corporation Name

S 20503

INTERNATIONAL CARD & GIFT INC.
602 N. University DR.
Penshoke PINES, FL 33024

2. Principal Office Address

2748 WE 30 ST

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33306

Country

BROWARD

3. Mailing Office Address

602 N. University DR

Suite, Apt. #, etc.

City & State

Penshoke PINES FL 33024

Zip

33024

Country

BROWARD

REINSTATEMENT 94-01

4. Date Incorporated or Qualified
To Do Business in Florida

RE 21, 1990

5. FEI Number

65-0245969-120412

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

LAURENCE R. HELMAN

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

602 N. University DR

Suite, Apt. #, Etc.

Penshoke PINES FL 33024

City

State
FL

Zip Code

33024

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

Laurence R. Helman

Date

10/24/2001

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

~~President~~ Lawrence R. Helman 602 N. University DR Penshoke PINES FL 33024
P-T-S-V

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:

LAURENCE R. HELMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/2001

Date

954-435-4298

Daytime Phone #

CR2E081 (9/00)