

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S43470

1. Corporation Name

BASKETS OF JOY, INC.

Principal Place of Business

Mailing Address

~~251 ROYAL PALM WAY
SUITE 602
PALM BEACH FL 33480
US~~

2200 Glades Rd.
Boca Raton,
Florida 33431

P.O. BOX 2715
PALM BCH. FL 33480

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1991

5. FEI Number

65-0255935

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BUCCILLI, JOYCE	9055 LONG LAKE PALM DRIVE 4799 N.W. 7 th Street	BOCA RATON FL Deerfield Beach FL 33442
VD	BUCCILI-GARCIA, LINDA	761 NW 48TH AVE	DEERFIELD BCH FL 33431
STD	BUCCILLI, FRANK	9055 LONG LAKE PALM DRIVE 4799 N.W. 7 th STREET	BOCA RATON FL Deerfield Beach FL 33442

REINSTATEMENT 00
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MENDOZA, CALLAS AND SCHILLING~~
C/O CALLAS, FRANKLIN G.
251 ROYAL PALM WAY
PALM BEACH FL 33480

Name

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

600003463046-4

Suite, Apt. #, Etc.

11/15/00 01032-003
****750.00 ****750.00

City

State

Zip Code

FL

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

Franklin G. Callas
REGISTERED AGENT MUST SIGN

Date

23
Oct 16, 2000

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Buccilli

Date

Oct 16, 2000

Daytime Phone #

954-428-9923

CR2E040 (8/00)