

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000014479

1. Corporation Name

911 EMERGENCY JEWELRY REPAIR INC.

Principal Place of Business

Mailing Address

5240 SW 3RD ST
PLANTATION FL 33062

POMPANO FASHION MALL
K-8
POMPANO BEACH FL 33062

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

02/18/1993

5. FEI Number

65-0607292

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PV	HARRINGTON, BOBBY	5240 S.W. 3ND ST	PLANTATION FL 33317

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Bobby R. Harrington
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-13-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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:

Bobby R. Harrington
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-98

Date

954-784-7447

Daytime Phone #

FILED

98 NOV 19 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (9/98)



11-13-98

(2)

Ref: Document # P93000014479
911 Emergency Jewelry Repair Inc.

DIVISION OF CORPORATIONS,

AS PER MY CONVERSATION WITH AGENT OF
DIVISION OF CORPORATION OFFICE. I AM
SENDING A REPLACEMENT CHECK, IN THE AMOUNT
OF ONE HUNDRED FIFTY DOLLARS. THIS CHECK,
NUMBER 2011, ALONG WITH THE ANNUAL FORM,
WAS SENT (MAILED) MAY 17, 1998.

I CHECKED WITH MY ACCOUNTANT, AND
FOR REASONS UNKNOWN, THIS CHECK HAS
NOT CLEARED OUR BANK.

THANK YOU FOR YOUR ATTENTION,

ROSS R. HARRINGTON