

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PA4000068190

1. Corporation Name

Forgotten Treasures Jewelry and Estate  
Buyers, Inc

2. Principal Office Address - No P.O. Box #

7152 N. University Dr #37

Suite, Apt. #, etc.

#37

City & State

Tamarac, FL

Zip

33321

Country

USA

3. Mailing Office Address

7152 N. University Dr #37

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Michael Zeefe

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

2378 N.W. 60th St

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-8-08

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
Pres	Michael D Zeefe	2378 NW 60th St.	Boca Raton, FL - - 33496

12/11/08 138955717  
12/11/08--01023--006 \*\*\$1200.00

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 contained in Chapter 119, 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] Michael Zeefe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-8-08

Daytime Phone #

954-722-2350

FILED

08 DEC 11 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-08

CR2E081 (10/08)