


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 14 AM 8:29

DOCUMENT # 491191 1. Entity Name JAY-BEE GEMS INC.					
Principal Place of Business 36 N.E. FIRST ST SUITE 412 MIAMI, FL 33132 US			Mailing Address 36 N.E. FIRST ST SUITE 412 MIAMI, FL 33132 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1654276	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		12092004 REIN-P CR2E098 (6/04)			
Not Applicable		6. Name and Address of Current Registered Agent HOLLANDER, GISELE 16198 S.W. 6TH STREET PEMBROKE PINES, FL 33027			
7. Name and Address of New Registered Agent		Name Hollander Gisele			
Street Address (P.O. Box Number is Not Acceptable)		36 NE First Street - Suite #412			
City		State		Zip Code	
Miami		FL		33132	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.					
SIGNATURE		<i>Gisele Hollander</i> Signature, typed or printed name of registered agent and title if applicable.		Gisele Hollander (NOTE: Registered Agent signature required when reinstating)	
				12-9-2004 DATE	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOLLANDER, GISELE	TITLE			
STREET ADDRESS	16198 S.W. 6TH STREET	NAME	36 NE First Street - Suite #412		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	STREET ADDRESS	Miami, Florida 33132		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP	Miami, Florida 33132		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Jordana Hollander		
STREET ADDRESS		STREET ADDRESS	36 NE First Street - Suite #412		
CITY-ST-ZIP		CITY-ST-ZIP	Miami, Florida 33132		
CITY-ST-ZIP		CITY-ST-ZIP	Miami, Florida 33132		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	S/T		
STREET ADDRESS		STREET ADDRESS	36 NE First Street - Suite #412		
CITY-ST-ZIP		CITY-ST-ZIP	Miami, Florida 33132		
CITY-ST-ZIP		CITY-ST-ZIP	Miami, Florida 33132		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	100043365731		
STREET ADDRESS		STREET ADDRESS	12/13/04--01058--020 **750.00		
CITY-ST-ZIP		CITY-ST-ZIP	12/13/04--01058--020 **750.00		
CITY-ST-ZIP		CITY-ST-ZIP	12/13/04--01058--020 **750.00		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.					
SIGNATURE:		<i>Gisele Hollander</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Gisele Hollander Date	
				12-9-2004 Daytime Phone #	
				305.358.9162	

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