


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FC REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		585.00 - reinst 165.00 - AR 8.75 - CUS FILED 758.7598 JAN 12 PM 2:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 545439		1. Corporation Name THE PEARL FACTORY OF FLORIDA, INC.			
Principal Place of Business 138 RIVERVIEW PLANTATION DR WILLIAMSBURG VA 23188					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 09/16/1977 5. FEI Number 72-0776593 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
VSD	HALL, JULIE A	138 RIVERVIEW PLANTATION	WILLIAMSBURG VA		
D	HALL, CHANEE, S	220 NECK-O-LAND ROAD	WILLIAMSBURG VA		
PTD	HALL, GARY A.	138 RIVERVIEW PLANTATION	WILLIAMSBURG VA		
			CDRAPREIN		
		REINSTATEMENT	97		
			CUS		
8. Name and Address of Current Registered Agent ANDERSON, JAMES E. 1875 MARS STREET MERRITT ISLAND FL 32953			9. Name and Address of New Registered Agent Name: V8 Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: 800002410438--4 City: -01/23/98--01084--007 State: ****758.75 Zip Code: ****758.75 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: <i>James E. Anderson</i> Date: 12/10/97 REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(l), 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: <i>Gary A. Hall</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			12/16/97 757-564-0057 Date Daytime Phone #		

CR2E040 (8/97)