

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 JAN 29 AM 8:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **613718**

1. Corporation Name

**BARBERIS GEMS INC.**

Principal Place of Business

Mailing Address

36 NE 1ST STE 346  
 MIAMI FL 33132

36 NE 1ST STE 346  
 MIAMI FL 33132



**REINSTATEMENT** *9/10*

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		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/21/1979	
City & State		City & State		5. FEI Number	
Zip		Country		59-2057873	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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 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
P	BARBERIS, LEE ANN	1912 SW 124 PLACE	MIAMI FL

~~500002074045--?~~  
~~-01/30/97--01078--007~~  
~~\*\*\*\*375.00 \*\*\*\*375.00~~

*1/15/97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARBERIS, LEE ANN 1912 S.W. 124 PLACE MIAMI FL 33175	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>
		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: *Lee Ann Barberis* Date: *1-15-97*  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: *Lee Ann Barberis, Pres.* Date: *1-15-94* (305) 371-7355  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/96)