

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000001881

1. Corporation Name

Best Price Jewelers.Com, INC

W-26493

FILED
10 JUN 15 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800181474568
05/28/10--01020--015 **600.00

REINSTATEMENT 07-10
CR2E081 (11/09)

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

17196 Wrigley Circle

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Fort Myers, Fla.

City & State

Zip

33908

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/23/2006

5. FEI Number

113619375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Rita Agostino

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

17196 Wrigley Circle

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33908

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Rita Agostino

REGISTERED AGENT MUST SIGN

Date

5/14/10

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
None	President Rita Agostino	17196 Wrigley Circle	Ft Myers, Fla 33908

10. E-mail Address: sales@bestpricejewelers.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Rita Agostino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/10

866-3247916

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