


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F91809		
1. Entity Name JOHNSTON JEWELERS, INC.		


Principal Place of Business % BILL JOHNSTON 10401 SEMINOLE BLVD. SEMINOLE, FL 34648	Mailing Address % BILL JOHNSTON 10401 SEMINOLE BLVD. SEMINOLE, FL 34648
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

2007 OCT -2 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09262007 REIN-P CR2E098 (1/07)

4. FEI Number 59-2212439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSTON, BILL 10401 SEMINOLE BLVD SEMINOLE, FL 34648		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 obligations of registered agent.

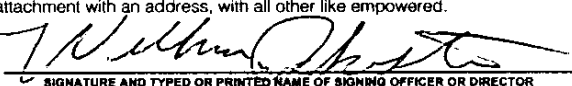
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSTON, DOUG			NAME	500110175355		
STREET ADDRESS	10401 SEMINOLE BLVD			STREET ADDRESS	10/02/07--01022--019 **158.75		
CITY-ST-ZIP	SEMINOLE FL,			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSTON, SHERRY			NAME			
STREET ADDRESS	10401 SEMINOLE BLVD			STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL,			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSTON, WILLIAM			NAME			
STREET ADDRESS	10401 SEMINOLE BLVD			STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL,			CITY-ST-ZIP			
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			
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			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:  9/24/07 727.393-5802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #