# F9500000404

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	w94-25717
Dear Sir or Madam:	_
The enclosed "Application by Foreign Corporation for Authorization Florida", "Certificate of Existence", and check are submitted to regist foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the followin	g:
Mull Collins  (Name of Person)  H.R. Sharkh of Co  (Firm/Company)  J400 Mullrost H-302-  (Address)  /-taustaw Ox. 77042-  (City, State and Zip Code)	5.00001374535 -01/10/9501039001 ******70.00 *****70.00 G
Should you need to call someone concerning this matter, please call:    UNULL COLUMB   at (7/3) 910 - 0488     (Name of Person)   Area Code & Daytime Telephone Nu	mper Types
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Creaturia, Inc.

# **COURIER ADDRESS:**

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

# MAILING ADDRESS:

Qualification/Registratio 1 Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 10, 1995

JANICE COLLINS 2900 WILCREST #302 HOUSTON, TX 77042

SUBJECT: JEWEL CREATIONS, INC.

Ref. Number: W94000025917

10:21:13 52 km 25

We have received your document for JEWEL CREATIONS, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays Corporate Specialist

Letter Number: 695A00000995

December 6, 1994

JANICE COLLINS H.R. SHAIKH & CO. 2900 WILCREST #302 HOL 3TON, TX 77042

SUBJECT: JEWEL CREATIONS, INC.

Ref. Number: W94000025917

We have received your document for JEWEL CREATIONS, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$70.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays Corporate Specialist

Letter Number: 294A00051928

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	tName of corporation: must include the word "INCORPORATED", "COMPANY", "CORPOR", "INON" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	(State of country under the law of which it is incorporated) (FEI number, if applicable)
4.	(Date of Incorporation)  5. (POLDITULE)  (Duration: Year corp. will cease to exist or "perpendal")
6.	September 15, 1991
7.	Date first transacted business in 1 lorida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
	Hausting Jy. 71/6412-
	Current mailing address)
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent:
	Name: Faisnk, BILL AKRAM
	Office Address: 300 Alway Esther Bluel.
	11/Wusesthor , Florida, 32569
	(Zip Code)

# 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: ۸. DIRECTORS Chairman: Address: \_\_\_\_\_ Vice Chairman: Address: \_\_ Address: 5 Address: \_ В. **OFFICERS** President: 10196 Address: 5 Vice President: \_ N. 67N A Address: 5055 Secretary: Address: \_ Treasurer: \_\_\_\_\_ Address: \_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)



# The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED, that Articles of Incorporation of

JEWEL CREATIONS, INC.

were filed in this office and a certificate of incorporation was issued on SEPTEMBER 9, 1994;

IT IS FURTHER CERTIFIED, that no certificate of dissolution has been issued, and that the corporation is still in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State of my office in the City of Austin, on November 17, 1994.

Secretary of State

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVEG AND FILED

1995

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DOCCHENT# - JEWEL CREATIONS INC. - OF CLASSIC TOUCH

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SCOTTONY CHELL BOOKS MARY ELTER. BELOW

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> | 17-12-94 |59-3265167

INITIAL

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\$5.00 May He Added to Free.

9 Hame and Address of Current Registered Agent

FAISHL BINI AKRAMI 300 MARY ESTHER HKS MARY ESTHER, FL 30510 10. Hame and Address of New Registered Agent

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FRESIDENT
FAISAL BIN ALRAM
3237 - B CHEGE CT
FINE PRESIDENT
NOMAN CIADRI
190 - D CHIEGE PAMP
FINE STREET
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M FRIDAL B. ARGAM
327-B cology of
FURNICESE FL 30.561

1050 10 CHINE PAY Gulf Dery - M. 30 561

> 100001471851 -05/02/95--01156--003 \*\*\*\*200,00 \*\*\*\*\*200-00---

SIGNATURE: Support And And State Controlled

04/19/95 (904) 243-0054

### PLEASE HEAD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FOR Socretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # F95000000404 96 NOV 27 PH 1:08 1 Corporation Name JEWEL CREATIONS, INC. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mattern Address OOO MARY ESTER DLVD. 2900 WILCREST #302 SUITE #K-5 HOUTSON TX 77042 MARY ESTHER FL 32569 REINSTATEMENT 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 Florkis Suite, Apt. #, etc. 01/25/1995 Suite, Apt. #, etc. 6. FEI Number City & Sinto Applied For City A State 59-3265167 Not Applicable Country Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED (X 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprolit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Ench Officer and/or Director (Do 101 Use Post Office Bor Numbers) Title(a) City / State / Zip р AKRAM, FAISAH B 3237 3 COLLEGE CT. **GULF BREEZE FL 32561** VP **QADRI, NOMAN** 1253-D COLLEGE CT. **GULF BREEZE FL 32581** 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent AKRAM, FAISAH B 300 MARY ESTHER BLVD. Street Address (P.O. Box Number Is Not Acceptable) MARY ESTHER FL 32569 Suite, Apt. #. Etc. State Zip Code 10. I, being appointed the registered agent of the above named exporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tex.) 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 receive that it am an once or ordered or ordered or musted empowered to execute this application as provided for in chapter 607 or 617, F.S. I further centry that when filling this reinstallment 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 foos owed by the corporation have been paid and the names of individuals tisted 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0099000