

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -9 PM 7:27

DOCUMENT # F97000005084

1. Corporation Name

WINDSOR ESTATE JEWELRY BUYERS, INC.

Principal Place of Business

Mailing Address

608 FIFTH AVE. 2-FLR-  
NEW YORK NY 10020

608 FIFTH AVE. 2-FLR-  
NEW YORK NY 10020



REINSTATEMENT 00

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

09/29/1997

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

5. FEI Number

13-3359621

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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	4 City / State / Zip
P	LUBETSKY, PAUL	414 WHIPPORWILL ROAD	CHAPPAQUA NY 10514
			700003482147--3 -11/30/00--01105--022 *****750.00 *****750.00
			700003482147--3 -11/30/00--01105--025 *****8.75 *****8.75

DR 11/27

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLUCHOV, MARC  
2980 CAPTIVA DRIVE  
SARASOTA FL 34231

Name  
MARC GLUCHOV

Street Address (P.O. Box Number is Not Acceptable)  
7547 BILTMORE DRIVE

Suite, Apt. #, Etc.

City  
SARASOTA

State  
FL

Zip Code  
34231

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 [Signature] **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/30/00

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 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: [Signature] **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/2/00

Daytime Phone #