

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # G53586**

1. Corporation Name

**B. & M. JEWELERS, INC.**

Principal Place of Business

36 NE 1ST STREET  
SUITE 647  
MIAMI FL 33132

Mailing Address

36 NE 1ST STREET  
SUITE 647  
MIAMI FL 33132

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 98**

4. Date Incorporated or Qualified To Do Business in Florida

08/10/1983

5. FEI Number

59-2308744

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BELLATIN, OFELIA	5420 LA GORCE DR.	MIAMI BEACH FL
STD	DE MONTERO, ELENA	2440 MADRID ST	CORAL GABLES FL
			500002708265--5 -12/09/98--01114--022 ****550.00 ****550.00

8. Name and Address of Current Registered Agent

MONTERO, ELENA  
36 N.E. 1ST STREET  
SUITE 647  
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500002708265--5

-12/09/98--01114--023

\*\*\*\*200.00 \*\*\*\*200.00

FL

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

*Elena Montero*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date Dec. 4<sup>th</sup> / 98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

*ELENA MONTERO*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 4<sup>th</sup> / 98

Date

305-374-1366

Daytime Phone #

CR2E40 (9/88)