

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**APPLICATION FOR REINSTATEMENT**

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

FILED

01 DEC 20 PM 12:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **G53586**

1. Corporation Name  
**B. & M. JEWELERS, INC.**

Principal Place of Business	Mailing Address
36 NE 1ST STREET SUITE 647 MIAMI FL 33132	36 NE 1ST STREET SUITE 647 MIAMI FL 33132

**2001 UBR**

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

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 <input type="checkbox"/>	\$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
PD	BELLATIN, OFELIA	5420 LA GORCE DR.	MIAMI BEACH FL
<del>STD</del>	<del>MONTERO, ELENA D</del>	<del>2440 MADRID ST</del>	<del>CORAL GABLES FL</del>
			100004883421--1 -02/06/02--01055--021 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

**BEUATIN, OFELIA**  
**36 NE-1ST-STREET # 649**  
**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 \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 *Ofelia Bellatin* **SIGNATURE REQUIRED** Date 11-6-01  
 REGISTERED AGENT MUST SIGN

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)(l), 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: *Ofelia Bellatin* **SIGNATURE REQUIRED** Date 11/7/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # \_\_\_\_\_

CR2040 (801)



2002

**MICHAEL GLINSKY & COMPANY, CPA, PA**  
*Certified Public Accountants, Members AICPA, FICPA*

October 31, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re:** Uniform Business Report  
B & M Jewelers, Inc.  
Document # G53586

To Whom It May Concern:

We are the accountants for B & M Jewelers, Inc., document # G53586, and represent them in this matter. Our client recently received a Notice of Administrative Dissolution. We never received the previous reports.

We are requesting that the company be reinstated. At no time was our client avoiding paying the registration fee. Enclosed please find a check payable to the Department of State for \$150.00 for the 2001 Uniform Business Report. If you have any questions, please contact us at (305)358-4466.

Respectfully,

*Michael Glinsky & Co., CPA*  
Michael Glinsky & Co., CPA