		PLEASE READ /	ALL INSTRU	ICTIONS BEFORE	E COMPLET	ING THIS FORM	LED RY OF STATE	
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations					E	DIVISION CE CORRATIONS  05 DEC 29 PM 4: 45		
DOCUMENT # H82860					18	4	Λ <sub>Γ</sub>	
THE GOLD MINE DEWELRY EXCHANGE, INC C'/, SOHN CLONTS						The second secon		
2. Principal Office Address 3. Mailing Office Address								
3837	(N S	of STREET	SAME			CR2E081 (8/05)		
Suffe, Apt. #, etc. SUITE D			Suite, Apt. #, etc.		4. Data Incor	4. Date Incorporated or Qualified		
City & State			City & State		¬	To Do Business in Florida /0/28/85		
TAMPA FL						5. FEI Number Applied For Not Applicable		
336	19	HILLSBORDOGH	Zip	Country	G. CERTIFICAT		75 Additional Error opinion for a Settilicale of States	
7. Name and Address of Current Registered Agent								
	Name JOHN CLONTS							
	Street Address (P.O. Box Number is Not Acceptable)							
	Sulto, Apt. 8, Etc.							
	City					State Zip Code		
			FL		<u> </u>	FL 33617		
8- I, being appointed the registered agent of the above #8/hed cerporation, am familiar with and accept the oblig Signature of Registered Agent  X						ton 607.0505 or 617.0503, F.I	•	
REGISTERED AGENT MUST SIGN								
9. Nemes and Street Address & of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Street Address of Each City / State / Zip								
	Officers and/or Directors			Officer and/or Director				
P	JOH	N CLOWTS	7	oal RIVERGATE	AVE	TAMPA FO	336/7	
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<b> -</b>								
10. 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 assistes the requirements of section 607.0401 or 617.0401, F.S., that off less								
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 (ue and accurate, and my signature shall have the same logal affect as if made under each.								
12.22.2000								
SIGNATURE: X SIGNATURE, AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR Date Deptine Phone #								

The Gold Mine Jewelry Exchange Inc 3835 N 50<sup>th</sup> Street Suite D Tampa Fl 33619

RE: Reinstatement of Corporation

December 27, 2005

## Dear State Representative:

Please find enclosed is our executed application for reinstatement. We have been in business for almost 20 years and have never experienced this problem. As discussed with your representative by telephone, we never received the postcard requesting renewal & payment or even notice of dissolution. We have recently discovered that we are inactive and are therefore submitting this request. We will also take steps to ensure that we monitor the incorporation renewal requirements more closely in the future. Therefore, kindly waive the late fee for this one time and file the reinstatement as soon as possible.

Sincerely,

John Clonts, President