2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # J69636						_				
1. Entity Nam		1		FILE	\mathcal{O}					
JACOBS	JEWELERS, INC.			1 1 1 -	n. 07					
5					- MAY -3	PH 2: 07				
Principal Plac	e of Business		0:) ''''	HATE					
204 LAURA STREET		204 LAURA STREET			J Childelle	E FI ORIDA	·	D /	~ ~	
JACKSONVILL	.E, FL 32202	JACKSONVILLE, FL 32202			LLAMASSEE, LONGO TO TO 9)					
				f fire			I EURU TUTU R			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite Act # etc		Suite, Apt. #, etc.			_		(3.13)	in and a contract of	W 1.1	2005
Suite, Apt. #, etc.		Suite, Apr. #, etc.			03222005	REIN-P	CH2	È098 (6/04)	IMI T T	2000
City & State		City & State		4. FEI Numbe	r		Ar	plied For	7	
				59-2804223			t Applicable			
Zip	Country	Zip	try	5. Certificate of Status Desired S8.75 Ad Fee Require			\$8.75 Add			
	6. Name and Address of Curren	i t Registered Agent	I	7. Name and Address of New Registered Agent					4	
			Name							
THOMAS, 204 LAUR				Street Address	(P.O. Box Number	r is Not Acceptable	9)			
	VILLE, FL 32202					600054333666				-
					ดรวีเริ่	/0501061	025	**900.	00	
				City			FI	Zip Cod	е	1
	named entity submits this statement f	or the purpose of changing its	registere	ed office or registe	ered agent, or bot	n, in the State of Flo	orida. I an	n familiar with,	and accept	1
the obligations of registered agent.										
SIGNATURE May Stones 4/27/05										
	Signature, tylled or Inned name of registered agen	n and fille if applicable. (NOT	E: Registere	ed Agent signature requ	uired when reinstating)		DATE			_
FII	LE NOW!!! FEE IS \$900.00									
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11	-
TITLE	Р	☐ Delete	TITLE	E				☐ Change	Addition	
NAME	THOMAS, ROY H.		NAM							
STREET ADDRESS CITY-ST-ZIP	3972 COVE ST. JOHNS ROAD JACKSONVILLE, FL 32277			ET ADDRESS - ST- ZIP		,-				
TITLE	VPT	☐ Delete	TITLE	E				☐ Change	Addition	4
NAME	THOMAS, DELORISE A.	_ 533.0	NAM	E			_			
STREET ADDRESS CITY-ST-ZIP	3972 COVE ST.JOHNS ROAD			EET ADDRESS		对 给	5			
	JACKSONVILLE, FL 32277	☐ Delete		- ST - ZIP		Fig	_=	-H.o		4
NAME NAME		LJ Delete	TITLE NAMI				-	Change	☐ Addition	
STREET ADDRESS			STRE	EET ADDRESS		7.E	ري	m		
CITY-ST-ZIP				- ST - ZIP		<u> </u>	=1.			┨
NAME		☐ Delete	TITLE			-n,	-	Change	Addition	
STREET ADDRESS				EET ADDRESS		[0]	i v)		
CITY-ST-ZIP			CITY	- ST - ZIP		2)		
TITLE		☐ Delete	TITLE			P	-	☐ Change	Addition	1
NAME STREET ADDRESS			NAM	EET ADDRESS						
CITY-ST-ZIP				- ST-ZIP						
TITLE		☐ Delete	TITLE	E				☐ Change	Addition	1
NAME			NAM	_				_ v	_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP						
	Legistry that the information supplied with	th this filing does not qualify fo		· ·	Section 119 07/21/) Florida Statutos	further or	artify that the li	aformation	-
 indicated 	on this report or supplemental report.	is true and accurate and that i	mv sional	ture shall have the	same legal effec	t as if made under i	oath that I	am an officer	or director	
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNAT	TIRE. Kon VI 2K	ones or is mh	omas		4/2	7/15	700	356-16	.55	
JOHA	SIGNATURE AND TYPED OR		OR DIRECT	тоя	//	Dale		Daytime Phone #		1