## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILET) 06 JAN 18 ///11:44
DOCUMENT # K 16		
JEWELRY HARBOR, IN CORPORATED		
2. Principal Office Address 1095 JUPITER PARK DR	3. Mailing Office Address  1095 JUPITER PARK DR	800064996798 02/01/0601075008 **2400,00 cr26081 (12/05)
Suite, Apt. #, etc. # /2	Suite, Apt. #, etc.  #/2	4. Date Incorporated or Qualified To Do Business in Florida 02 /26 /1988
TUPITER FL	JUPITER, FL	5. FEI Number Applied For S9-288/269 Not Applicable
2ip 33458 Country U.S	33458 Country US	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name  WILLS, \( \tau \) SEPH  Street Address (P.O. Box Number is Not Acceptable)  1095 \( \tau \) UPITER \( PARK \) DR  Suite, Apt. #, Etc.  #/2  City  State \( \text{Zip-Codes} \)		
TUPITER FL 33458		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date /// 2/06		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD WILLS, JOSEPH A. 1095 JUPITER PK DR JUPITER, FL 3345		
VD CHIAT, IRVING L 1095 JUPITER F		
SD WILLS MARJO	RIE J. 1095 TUPITER	PAT DR JUPITER FL 33458
TD CHIAT, EDNA	R. 1095 JUPITER	Pride JUPITER, FL 33458
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 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 contained in Chapter 119, 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 AND TYPEDOR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR  Date  Date  Date  Date		