CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

01-02 UBR

FILED
02 FEB 22 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LS

DOCUMENT # K31492

1. Corporation Name
Leer Jewelers, Inc.
1519 East Commercial Blvd
Ft. Lauderdale, Fla. 33334

2. Principal Office Address	3. Mailing Office Address
1519 E. Commercial Blvd	1519 E. Commercial Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Fla.	City & State: Ft. LAuderdale, Fla
Zip: 33334 Country: Broward	Zip: 33334 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 08/22/88

5. FEI Number: 65-0066625 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robin L. Roberts

Street Address (P.O. Box Number is Not Acceptable): 1519 East Commercial Blvd

Suite, Apt. #, Etc.:

City: Ft. Lauderdale, Fla. State: FL Zip Code: 33334

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****200.00 ****00.00

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: _____ Date: 2/19/02
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
Pres.	Robin L. Roberts	1519 E. Commercial Blvd	Ft. Lauderdale, Fla 33334

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 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: Robin L. Roberts 2-19-02 954-493-7883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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