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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 JAN -6 AM 8:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021175
Name and Mailing Address

0011514 01 AT 0.292 **AUTO T3 0 0615 33401-664418
P. GOODKIN FINE WATCHES & JEWELRY, LLC
718 NEW JERSEY ST
WEST PALM BEACH FL 33401-6644

000026047590
01/06/04--01005--021 **150.00

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 12/07/2001

Principal Place of Business
150 WORTH AVENUE
SUITE 113
PALM BEACH FL 33480

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
65-1158588
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. **Name and Address of Current Registered Agent**

GRAZI, LEIF J
217 EAST OCEAN BLVD.
STUART FL 34994

9. **Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GOODKIN, PAUL	718 NEW JERSEY ST	WEST PALM BEACH FL 33401
			REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manage SIGNATURE REQUIRED Date 12/28/03 Daytime Phone # 561-651-7272

Typed or printed name of signing Managing Member/Manager