PLEASE READ ALL INSTRUCTION DEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE FILED COMPANY. Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 2004 MAY 24 PM 4: 54 TOUVISION OF CORPORATIONS TALLAHASSEE, FLORIDA DOCUMENT# 1. Limited Liability Company's Name , B. Jewelers 3. Mailing Office Address 2. Principal Office Address tarkside Dr 6658 4. State/Country of Formation Flouda Suite, Apt. #, etc. 10/51 City & State City & State 6. FEI Number Applied For HarHar 73-1679647 Not Applicable \$5.00 Additional Fee required for a Certificate of Status Broward CERTIFICATE OF STATUS DESIRED 33DG COOPE Marc Street Address (P.O. Box Number is Not Acceptable) 6658 Suite, Apt. #, Etc. Zip Code State orklan 3306 Company, am familiar with and accept the obligations of Chapter 608, F.S. Date 04/29/04 Signature of Registered Age REGISTERED AGENT MUST SIGN 10. Names and Street Addr. of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip Minan 11. 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 general. The internation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. hss.9111 Managing Member/Manage Typed or printed named Signing Managing Member/Manager MOTC L. COOPE