

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 DEC 16 PM 1:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L98600**

1. Corporation Name

GEMS, PEARLS & JEWELLERY CORP.

Principal Place of Business

Mailing Address

GEMS PEARLS & JEWELRY CORP
 188-61 BISCAYNE BLVD
 N MIAMI FL 33180
 US

GEMS PEARLS & JEWELRY CORP
 188-61 BISCAYNE BLVD
 N MIAMI FL 33180
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **99**

4. Date Incorporated or Qualified To Do Business in Florida

08/14/1990

5. FEI Number

65-0214734

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	SINGH, INDIRA	20225 N.E. 34TH CT.	NORTH MIAMI BEACH FL 33180
P	SINGH, INDIRA	19310 N.E. 18th Ct.	NO. MIAMI BCH, FL 33179

200003079472--9
 -12/23/99--01059--021
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SINGH, INDIRA
 20225 N E 34TH CT
 216
 NORTH MIAMI FL 33180

Name SINGH INDIRA
 Street Address (P.O. Box Number is Not Acceptable)
 19310 NE 18th Ct.
 Suite, Apt. #, Etc. NO. MIAMI BEACH
 City State Zip Code
 FL 33179

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
 REGISTERED AGENT MUST SIGN

Date

11-14-99

11. 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-14-99

Daytime Phone #

KE