

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 20 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095797

1. Corporation Name

BELAGIO FINE JEWELRY, INC.

Principal Place of Business

Mailing Address

5357 BODEGA PLACE  
DELRAY BEACH FL 33484

5357 BODEGA PLACE  
DELRAY BEACH FL 33484

14539 S. MILITARY TRAIL  
DELRAY BEACH FL 33484

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/2001

5. FEI Number

65-1147049

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GUTMAN, BENNY	5357 BODEGA PLACE	DELRAY BEACH FL 33484
	Bellagio Fine Jewelry	14539 S. MILITARY TRAIL	DelRay Beach FL 33484
	Benny Gutman	5357 Bodega Pl	DelRay Beach FL 33484
			09-02-02 90143 024 \$150.00
			500009112195
			11/20/02--01062--008 **600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUTMAN, BENNY  
5357 BODEGA PLACE  
DELRAY BEACH FL 33484

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Benny Gutman*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-22-02

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:

*Benny Gutman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-02 (561) 495-2638

CR/E040 (8/02)