

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -9 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000095797

1. Corporation Name

BELLAGIO FINE JEWELRY, INC

REINSTATEMENT 03-04

2. Principal Office Address

14539 S. MILITARY TR
Suite, Apt. #, etc.

3. Mailing Office Address

14539 S. MILITARY TRAIL
Suite, Apt. #, etc.

000028401630
02/03/04--01022--034 **\$900.00

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1147049

Applied For
Not Applicable

Zip

33484

Country

Zip

33484

Country

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

7. Name and Address of Current Registered Agent

Name

BENNY GUTMAN

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

14539 S. MILITARY TRAIL

Suite, Apt. #, Etc.

City

DELRAY BEACH

State
FL

Zip Code

33484

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**

Benny Gutman
REGISTERED AGENT MUST SIGN

Date

1-30-04

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.	BENNY GUTMAN	14539 S. MILITARY TR.	DELRAY BCH. FL. 33484

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benny Gutman

Date

1-30-04

Daytime Phone #

CR2E081 (10/02)