

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 NOV -5 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095797

1. Corporation Name

Belagio Fine Jewelry, Inc.

2. Principal Office Address - No P.O. Box #

15108 Jog Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

Country

33446

U.S.A

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/01

5. FEI Number

65-1147049

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

500162535725  
11/05/09--01026--006 \*\*450.00  
**REINSTATEMENT 07-09**  
CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name

Benny Gutman

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

5357 Bodega Place

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33484

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10-16-09

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
P/D	Benny Gutman	5357 Bodega Place	Delray Beach, FL, 33484
	<i>[Signature]</i>		

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 contained in Chapter 119, 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

*[Signature]*

10-16-09

Date

(561) 445 2638

Daytime Phone #