


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000069357</b> 1. Entity Name <b>DESIGN JEWELRY, INC.</b>						<b>FILED</b> <b>06 OCT 16 PM 1:11</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>4503 LIGUSTRUM WAY</b> <b>ORLANDO, FL 32839</b>				Mailing Address <b>4503 LIGUSTRUM WAY</b> <b>ORLANDO, FL 32839</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>ALOMAR, JOSE A</b> <b>4503 LIGUSTRUM WAY</b> <b>ORLANDO, FL 32839</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ALOMAR, JOSE A</b> <b>4503 LIGUSTRUM WAY</b> <b>ORLANDO, FL 32839</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400080885574</b> <b>10/16/06--01059--010 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ALOMAR, MARIA V</b> <b>4503 LIGUSTRUM WAY</b> <b>ORLANDO, FL 32839</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>AS 10/20</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> <i>X [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date</small>				<small>Daytime Phone #</small>			

Kissimmee, October 12/2006

**DIVISION OF CORPORATIONS**  
Tallahassee

**REF: DESIGN JEWELRY, INC**

I need change my address. . My new address is:

3259 Fairfield Dr.  
Kissimmee- Fl 34743

Thanks you

Cordially,

A handwritten signature in black ink, appearing to read "Jose A. Alomar", written over a horizontal line.

**JOSE A. ALOMAR**  
Cell: 321-437-9333