

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000075707

1. Corporation Name

THE JEWELRY OUTLET, INC.

Principal Place of Business

Mailing Address

24 NE 1ST ST  
MIAMI FL 33132

24 NE 1ST ST  
MIAMI, FL 33132

FILED  
04 JAN 15 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

22 N.E. 1ST ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

Zip

33132

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/10/2002

5. FEI Number

X 61-1419662

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	CHAKIB SABRI	866 NW 126 <sup>th</sup> Dr	CORAL SPRINGS FL 33071

700026988127  
01/15/04--01010--029 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEZCANO, GENE  
895 SW 172ND TERR  
PEMBROKE PINES FL 33029

Name

CHAKIB SABRI

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

866 NW 126<sup>th</sup> Dr

Suite, Apt. #, Etc.

CORAL SPRINGS FL

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

X

REGISTERED AGENT MUST SIGN

Date 1-8-04

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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 (305) 416-9780

Date

Daytime Phone #

CR2040 (7/03)