
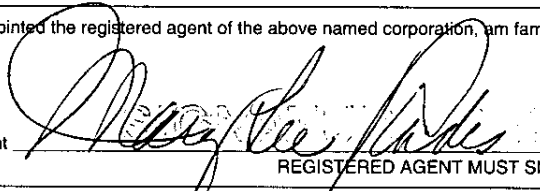
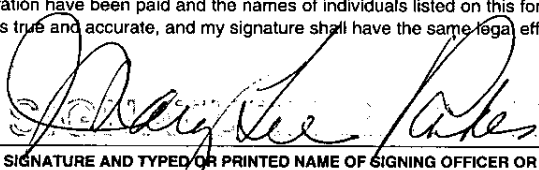


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |  |  |                         |
|---|--|--|-------------------------|
| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b>  |  | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Glenda E. Hood</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                         |
| <b>DOCUMENT # P02000083276</b>  |  |  |                         |
| 1. Corporation Name<br><b>RADES OMEGA JEWELRY, INC.</b>   |  |  |                         |
| Principal Place of Business<br>6531 102ND AVE. N<br>PINELLAS PARK FL 33782  |  | Mailing Address<br>6531 102ND AVE. N<br>PINELLAS PARK FL 33782   |                         |
| <small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>  |  |  |                         |
| 2. New Principal Office Address, If Applicable<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |  | 3. New Mailing Office Address, If Applicable<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |                         |
|   |  | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>08/05/2002</b>   |                         |
|   |  | 5. FEI Number<br><input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |                         |
|   |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>  |                         |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |  |  |                         |
| 1<br>Title(s)   | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director  | 4<br>City / State / Zip |
| D   | RADES, MARY E                          | 6531 102ND AVE. N  | PINELLAS PARK FL 33782  |
|   |  |  |                         |
|   |  |  |                         |
|   |  |  |                         |
|   |  |  |                         |
|   |  |  |                         |
|   |  |  |                         |
| 8. Name and Address of Current Registered Agent<br><br><b>RADES, MARY L<br/>6531 102ND AVE. N<br/>PINELLAS PARK FL 33782</b>  |  | 9. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City      State      Zip Code<br><b>FL</b>                 |                         |
| 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.<br><br>Signature of Registered Agent  Date <b>1/6/04</b><br><div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>  |  |  |                         |
| 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.<br><br>SIGNATURE:  Date <b>1/6/04</b> Daytime Phone # <b>727-420-6427</b><br><div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> |  |  |                         |

**FILED**

**04 JAN -9 AM 9:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**REINSTATEMENT 03**

**000026607510**  
**01/09/04--01048--010 \*\*750.00**

CR2E040 (7/03)