

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 NOV 24 PM 12:33

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P02000094697**

1. Corporation Name

DUVAL-TRUMAN GIFTS & JEWELRY, INC.

Principal Place of Business

Mailing Address

1000 DUVAL STREET
 KEY WEST FL 33040

1000 DUVAL STREET
 KEY WEST FL 33040

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

09/03/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KAJTAZI, A R	1000 DUVAL STREET	KEY WEST FL 33040
D	GELAJ, GJON	1000 DUVAL STREET	KEY WEST FL 33040
			900024942289 11/24/03--01013--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEINBERG, JEFFREY
 4000 HOLLYWOOD BOULEVARD
 SUITE 350-N
 HOLLYWOOD FL 33021

Name **GJON GELAJ**
 Street Address (P.O. Box Number is Not Acceptable)
1000 DUVAL STR.
 Suite, Apt. #, Etc.

City **KEY WEST** State **FL** Zip Code **33040**

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

SIGNATURE REQUIRED

Date **11-18-03**

REGISTERED AGENT MUST SIGN

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: **RUDOLPH KAJTAZI**

Date **11/18/03**

Daytime Phone # **(305) 294-2091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (7/03)

Key West 11/19/03

Dear Glenda E. Hood,

We never received the notice. Our business was under construction for over 14 months with lots of delays. We are new to the state of Florida and due to the unexpected delays in construction, we didn't open the store until Oct. of 2003.

Please consider our situation and help us to waive the fee.

Thank you for your understanding and your help.

Best regards, Sincerely

Ruefayaz