

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2006 DEC 14 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000007562

1. Corporation Name

DANIALLI FOR JEWEL BOX, INC.

400082542254  
12/14/06--01026--006 \*\*300.00

CR2E081 (12/05)

2. Principal Office Address  
701 BRICKELL KEY BLVD

3. Mailing Office Address  
701 BRICKELL KEY BLVD

Suite, Apt. #, etc.  
1812

Suite, Apt. #, etc.  
1812

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33131

Country

Zip  
33131

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
113673365

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
FILINGS, INC.

Street Address (P.O. Box Number is Not Acceptable)  
3732 N.W. 16TH STREET

Suite, Apt. #, Etc.

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33311

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

Date  
12/04/2006

REGISTERED AGENT MUST SIGN

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
PSTD	ALATRISTE, MARLENE	5435 ALTON ROAD	MIAMI BEACH FL 33140

B 12/15/06  
REINSTATEMENT 05-06

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

12/04/2006

Date

305-400-6153

Daytime Phone #

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**DATE:** Monday, December 04, 2006

**TO:** DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

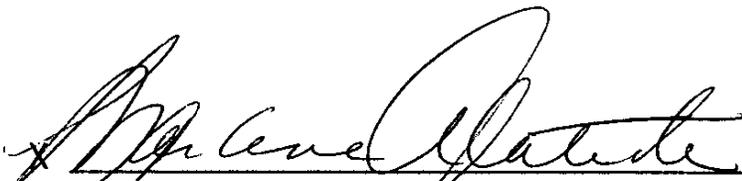
**FROM:** MARLENE ALATRISTE  
DANIALLI FOR JEWEL BOX, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL SINCE 2004.

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305-400-6153

THANKS,



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MARLENE ALATRISTE, PRESIDENT  
DANIALLI FOR JEWEL BOX, INC.