

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR -6 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000026167*

**1. Corporation Name**

*JEWELS 4 LESS, INC.  
1550 Madrugue Ave, Ste 305  
Coral Gables, Fla 33146*

**2. Principal Office Address**

*1550 MADRUGUE AVE.*

Suite, Apt. #, etc.

*Ste 305*

City & State

*Coral Gables, Fla*

Zip

*33146*

Country

*U.S.A*

**3. Mailing Office Address**

*Same*

Suite, Apt. #, etc.

City & State

Zip

*1*

Country

*1*

**REINSTATEMENT**

*05-06*

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

*03/05/23*

**5. FEI Number**

*020679389*

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$3.75 Additional Fee (required  
for a Certificate of Status)

**7. Name and Address of Current Registered Agent**

Name

*Ernesto Tabraue*

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

*1550 Madrugue Ave*

Suite, Apt. #, Etc.

*Ste 305*

City

*Coral Gables*

State

*FL*

Zip Code

*33146*

**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

*Ernesto Tabraue*

Date

*4/5/07*

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip             |
|-----------------|--------------------------------------|---|--------------------------------|
| <i>Pres/Dir</i> | <i>ERNESTO TABRAUE</i>               | <i>1550 Madrugue Ave. #305</i>                    | <i>Coral Gables, Fla 33146</i> |
|                 |                                      |   |                                |
|                 |                                      |   |                                |
|                 |                                      |   |                                |
|                 |                                      |   |                                |
|                 |                                      |   |                                |

*400096359274*  
*04/10/07--01041--018 \*\*450.00*

**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:

*Ernesto Tabraue*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/5/07*

Daytime Phone #

*(305) 785-7061*

April 4, 2007.

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Division of Corporations.  
Annual Report Section.

Ref: Document # P03000026167.

To whom it May Concern:

We find ourselves in a very uncomfortable situation. I have had this company, which I thought was opened. After changing accountants, and reviewing our book records, we have realized that we were not properly assessed by our previous accountant, and it appears that our Corporate Annual Reports were never filed or mailed. 05.

In view of the circumstance, which has come as a complete shock to us, we kindly request consideration in the waiving of penalties. We are enclosing a check in the amount of \$450.00.

Once again your consideration of this matter is greatly appreciated. Please feel free to contact us, should you have any questions.

Sincerely,

Exerto Taberna.

President.