

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 10 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000130400**

1. Corporation Name

**DISCOUNT JEWELRY INC
15 LAREDO PLACE
DAVIE FL 33324**

2. Principal Office Address

15 LAREDO PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

15 LAREDO PLACE

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33324

Country

BROWARD

Zip

33324

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

51-0488813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

WOP

7. Name and Address of Current Registered Agent

Name

DONNA L SILVA

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

15 LAREDO PLACE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33324

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

X [Signature]

Date

01-28-05

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
D	DONNA L SILVA	15 LAREDO PLACE	DAVIE FL 33324

900047581339

03/02/05--01009--012 **300.00

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 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] Donna Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-28-05

Daytime Phone #

(954)321-5536

CR2E081 (01/05)

262

**DISCOUNT JEWELRY INC
15 LAREDO PLACE
DAVIE FL 33324**

January 19th, 2005

Florida Department of State

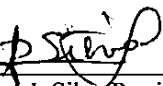
Re: 2004 & 2005 Reinstatement UBR Report
Doc# P03000130400

Dear State Representative:

Please allow this letter to serve as a statement that we never received our 2004 or the 2005 UBR Report. We downloaded the reinstatement form and we are enclosing a check for \$300 to keep our account up-to-date. At this time, we are requesting an abatement of penalties in regards to this matter.

Thank you in advance for your understanding and cooperation. If you have any further questions in regards to the above please feel free to contact us.

Sincerely,

x 

Donna L Silva-President

Enclosure