

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 30 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000027060**

1. Corporation Name

Gil Jewelry, Inc.

2. Principal Office Address

631 E. SWANSON ST.

Suite, Apt. #, etc.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

GROVELAND, FL

City & State

Zip

34736

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/5/2004

5. FEI Number

20-0731746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CENTRAL FLORIDA FINANCIAL SERVICES, LLC

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

2950 ALMA AVE.

000075972550

Suite, Apt. #, Etc.

06/08/06--01008--002 **300 00

City

ORLANDO.

SEE ATTACHED

State

FL

Zip Code

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

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
P	TERESITA GIL	631 E. Swanson St., Groveland, FL	34736
VP	Jose Gil	631 E. Swanson St., Groveland, FL	34736
	12/6/6		

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:

Teresita Gil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-2006

Date

352-429-0548

Daytime Phone #

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Gil Jewelry Inc.
2. The principal office address: 631 E. SWANSON ST.
GROVELAND, FL 34736
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/05/2004 Document number: P04000027060

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: _____

CENTRAL FLORIDA FINANCIAL SERVICES LLC
2950 ALOMA AVE.
ORLANDO, FL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

VERÓNICA MARTÍNEZ
1384 ARMOUR ST.
(P.O. Box NOT acceptable)
GROVELAND, FL 34736

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

✓ [Signature]
(Signature of an officer or director)

TERESITA GIL - President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

✓ [Signature]
(Signature of Registered Agent)

5/2/06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

May 18, 2006

Florida Department of State
Div. of Corporations
Corporate Filing
PO Box 6327
Tallahassee, FL 32314


Re: Reinstatement / Gil Jewelry, Inc./ P04000027060

Dear Sirs:

It has come to our attention via a Web search by our new accountant, that our corporation has been administratively dissolved due to non-filing of the Annual Report for 2005. We hereby request Reinstatement of the corporation and submit herewith the corresponding documentation and fees.

Due to the fact that the corresponding Notice for Renewal/Filing of annual Report was never received, we respectfully request that the Reinstatement fee be waived. Thank you.

Cordially,



Teresita Gil

President, Gil Jewelry, Inc.