2006 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P04000147715 1. Entity Name J.R.J. JEWELRY, INC. | | | | | 9 Sec. 14 Fig. 12 House 1 | | | | |
|---|--|---------------------|---------------------|--------------------------------------|--|-------------|--|-------------------------------|--|
| 6007 SOUTH DIXIE HWY | | | • | | | | | <u>, 6</u> | |
| 2. Principal Place of Business 3 | | 3. Mailing Address | . Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | REIN-P | CR2E098 (11/05 | 9 | |
| City & State | | City & State | City & State | | | er .0084 | | Applied For Not Applicable | |
| Zip | Country | Zíp | Zip Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent FERNANDEZ, JOSE 6007 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 | | | | Name Co Street Address (oO O 7 | Street Address (P.O. Box Number is DoLAcceptable) HWY (0007 SOUTH DIXIE HWY WEST PALM BEACH 33405 | | | | |
| 8. The above named entity submys this statement for the purpose of changing iterregistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Append Agent signature required when reinstating) OATE | | | | | | | | | |
| FILE NOWI!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | | | | | vith s. 607.193(2)(b) not receive the prior | | |
| 10. TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME | WEST PALM BEACH, FL 33405 VD | | | T ADDRESS ST- ZP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition 200080830832 10/13/0601050004 **150.00 Change Addition | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | WEST PALM BEACH, FL 33405 STD MARTINEZ, RAFAEL 6007 SOUTH DIXIE HWY | | | į. | ☐ Change ☐ Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | I . | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | T ADDRESS ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | T ADDRESS ST-ZIP | | | ☐ Change | ☐ Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered. | | | | | | | | | |
| SIGNATURE: 10 10 06 561-540-8507 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10 10 06 561-540-8507 Dayline From 8 | | | | | | | | | |