2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 16, 2007
Secretary of State

DOCUMENT# P05000003630

Entity Name: ABOUT TIME JEWELRY, INC.

Current Principal Place of Business:

P.O. BOX 3204
HALLANDALE, FL 33008

New Principal Place of Business:

2953 W. CYPRESS CREEK RD STE 101
FORT LAUDERDALE, FL 33309

Current Mailing Address:

P.O. BOX 3204
HALLANDALE, FL 33008

New Mailing Address:

2953 W. CYPRESS CREEK RD STE 101
FORT LAUDERDALE, FL 33309

FEI Number: 30-0291822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUMAN, ILAN
2500 PARKVIEW DRIVE
#1511
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ILAN SCHUMAN

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHUMAN, ILAN
Address: 2500 PARKVIEW DRIVE #1511
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP ( ) Delete
Name: SCHUMAN, ILAN
Address: 2500 PARKVIEW DRIVE #1511
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: T ( ) Delete
Name: SCHUMAN, ILAN
Address: 2500 PARKVIEW DRIVE #1511
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S ( ) Delete
Name: SCHUMAN, ILAN
Address: 2500 PARKVIEW DRIVE #1511
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILAN SCHUMAN P 05/16/2007

Electronic Signature of Signing Officer or Director — Date