

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

DOCUMENT # P06000045586

1. Entity Name
THE JEWELRY E.R., INC.



07 DEC -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-5-07



Principal Place of Business
3021 COMMERCIAL WAY
SPRING HILL, FL 34606

Mailing Address
~~3021 COMMERCIAL WAY~~
~~SPRING HILL, FL 34606~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1303 Henry Ave.

Suite, Apt. #, etc.

112-113

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL, FL

Zip

Country

Zip

34608

Country

U.S.A.

REINSTATEMENT 07

4. FEI Number

20-4669268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BANKOSZ, STEPHAN A JR
1631 COMMERCE AVE N
ST PETERSBURG, FL 33716

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RICHARDSON, DEBRA C
STREET ADDRESS 3021 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE ☐ Change ☐ Addition
NAME 600112791756
STREET ADDRESS 12/03/07--01078--008
CITY-ST-ZIP **150.00

TITLE D ☒ Delete
NAME RICHARDSON, RON
STREET ADDRESS 3021 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or 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 like empowered.

SIGNATURE:

Debra C. Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/07

Date

352-346-6095

Daytime Phone