

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000079575

1. Corporation Name

Gemware Jewelry, Inc.

2. Principal Office Address - No P.O. Box #

256 Ocean Bay Drive

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

Zip

34957

Country

USA

3. Mailing Office Address

340 Royal Poinciana Way

Suite, Apt. #, etc.

Ste 317/311

City & State

Palm Beach, FL

Zip

33480

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/08

5. FEI Number
26-3309800

☐ Applied For

☐ Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pamela Weixler

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

13602 N. Indian River Drive

Suite, Apt. #, Etc.

City

Sebastian

State

FL

Zip Code

32958

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

Pamela Weixler

REGISTERED AGENT MUST SIGN

Date **July 27, 2010**

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	William B. Johnson	256 Ocean Bay Drive	Jensen Beach, FL 33480

REINSTATEMENT

2010

10. E-mail Address: **jewelryman44@yahoo.com**

(To be used for future annual report notification)

11. 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. I further certify 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:

William B. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/27/10

Date

561-373-7339

Daytime Phone #