

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2025 JAN 17 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P13000018300

1. Corporation Name

PRECIOUS GEMS ACADEMY INC.

400442906394
01/17/25--01016--016 **750.00

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
736 MARTIN LUTHER KING BLVD W		Same	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Seffner			
Zip	Country	Zip	Country
33584	HILLSBOROUGH		

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida	
02/29/13	
5. FEI Number	Applied For
30-0766467	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	
Erle Bazile	
Street Address (P.O. Box Number is Not Acceptable)	
33283 Whisper Pointe Dr	
Suite, Apt. #, Etc	
City	State / Zip Code
Wesley Chapel	FL 33545

REINSTATEMENT

- 2025

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 Erle Bazile Date 01/14/2025
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	Erle Bazile	33283 Whisper Pointe Dr	Wesley Chapel, FL 33545
VP	Yveline Francois-Kelly	14613 Naimisha Loop	Spring Hill, FL 34609

• M. WILLIAMS •

JAN 17 2025

10. E-mail Address: pgacademy@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Yveline Francois-Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/2025 813-324-8950

Date Daytime Phone #